

Case Number:	CM15-0107554		
Date Assigned:	06/12/2015	Date of Injury:	04/07/2014
Decision Date:	08/19/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 37 year old female who sustained an industrial injury on 04/07/2014. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having right wrist derangement with a tear of the distal radial ulnar ligament; and low back strain sprain with radiculopathy. Treatment to date has included oral and topical medicines, and injections in the wrist. Electromyogram/nerve conduction velocity tests and a MRI were done. Currently, the injured worker complains of ongoing discomfort and pain in her right wrist, and low back pain. On examination, there is decreased range of motion and decreased strength in the wrist. Some swelling is evident and she is wearing a splint for stabilization. The lower back has tenderness in the midline low portion, and she favors her left leg when standing. She walks with a limp and there is noted spasm to palpation. Flexion and extension is diminished. Nalfon, Prilosec, and Ultram ER plus topical medications Cyclobenzaprine 10%, Flurbiprofen 25%-Menthol 10%-Camphor 3%, Flurbiprofen 25% in Lidoderm base, Treatment plans include Chiropractic care, and, referral to a hand surgeon. A request for authorization was made for the following: Chiropractic 3 x week x 3 week's right wrist and lumbar spine (9 visits).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic 3 x week x 3 weeks right wrist and lumbar spine (9 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/4/15 denied the request for 3x3 Chiropractic care to the patients right wrist and lumbar spine citing CAMTUS Chronic Treatment Guidelines. The UR determination cited CAMTUS Chronic Treatment Guidelines that support an initial trial of manipulative care, 4-6 sessions with documentation of functional improvement should additional care be requested. The medical necessity to exceed CAMTUS Chronic Guidelines was not provided in the records reviewed. 9 sessions of manipulations is not in compliance with CAMTUS Chronic Treatment Guidelines.