

Case Number:	CM15-0108683		
Date Assigned:	06/15/2015	Date of Injury:	06/06/1997
Decision Date:	07/29/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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 is a 63 year old male, who sustained an industrial injury on 06/06/1997. He reported falling sustaining multiple injuries. The injured worker was diagnosed as having blunt trauma to the right upper extremity post a work related fall with a tear of the radial and central right triangular fibrocartilage complex with status post arthroscopic debridement with residual dorsal central wrist pain; mild right radial tunnel syndrome; partial tear of the insertion of the right lateral deltoid; blunt trauma to the right hip, groin, and back; mild stenosing flexor tenosynovitis of the right index finger and long fingers status post steroid injections; mild right median neuritis secondary to use of the circumferential wrist strap used to control right wrist pain; and mild intersection syndrome of the right wrist. Treatment and diagnostic studies to date has included medication regimen, use of a wrist strap, laboratory studies, status post arthroscopic debridement of the right upper extremity, status post steroid injections to the right index and long fingers, and prior chiropractic therapy with an unknown quantity. In a progress note dated 03/31/2015 the treating physician reports complaints of continued pain to the right upper extremity and an increase in pain to the back. Examination reveals a slow gait, pain on palpation to the right forearm over the radial tunnel region, intermittent popping sensation to the dorsal right wrist, and mild triggering to the right ring finger with range of motion. The treating physician noted that the injured worker had prior multiple chiropractic therapy sessions with an unknown quantity of sessions indicating that these sessions did not assist in the injured worker's back pain. The documentation also did not indicate if the injured worker experienced any functional improvement with use of prior chiropractic therapy. The treating physician requested two sessions of chiropractic treatments and evaluation to be performed once to twice a month with the duration not specified with the treating physician noting that the injured worker underwent prior chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Chiropractic treatments and evaluation, once to twice a month, duration not specified:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Low Back, Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACCOEM); 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 5/20/15 UR determination denied the request for additional Chiropractic care, 2 x per month citing CAMTUS Chronic Treatment Guidelines. The medical records reflected a medical evaluation performed on the right upper extremity versus the lumbar spine with treatment recommendations, Chiropractic care, to a region not under treatment consideration. The patient prior history of care was to the lower back with no reviewed documentation that objective clinical evidence of functional gains/improvement was provided or experienced. The medical necessity for continued Chiropractic care (unknown infrequency/duration) to an unspecified region of the spine or extremities is not supported by the medical reports or the referenced CAMTUS Chronic Treatment Guidelines.