

Case Number:	CM15-0017002		
Date Assigned:	02/02/2015	Date of Injury:	12/07/2013
Decision Date:	05/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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 38 year old female, who sustained an industrial injury on December 7, 2013. She reported bilateral hand and upper extremity pain. The injured worker was diagnosed as having right carpal tunnel syndrome, sprain and strain of the wrist, acromioclavicular sprain and strain, sprain and strain of the neck and sprain and strain of the hands. Treatment to date has included radiographic imaging, diagnostic studies, orthotics for the wrists, chiropractic care, medications and work restrictions. Currently, the injured worker complains of neck pain, mid back pain, upper extremity pain and hand pain with associated tingling and numbness.

The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on June 10, 2014, revealed continued complaints. She reported improvement with chiropractic care. The plan included additional chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 4-6 visits from 6/24/14 to 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The January 8, 2015 UR determination denying additional Chiropractic care, 4-6 sessions cited CAMTUS Chronic Treatment Guidelines in support for denial. The prior treatment course of manipulation was directed toward the spine, upper extremity and hand. The reviewed records failed to address the medical necessity for continued Chiropractic care from 6/24/14 through 12/30/14 by documenting objective clinical evidence of functional improvement, the criteria for consideration of additional treatment. The denial was appropriate and supported by CA MTUS Chronic Treatment Guidelines.