

Case Number:	CM15-0132198		
Date Assigned:	07/20/2015	Date of Injury:	04/17/2012
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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 69 year old female, who sustained an industrial injury on April 17, 2012. She reported pain in her hands, arms and left side of her back. The injured worker was diagnosed with shoulder strain, cubital tunnel syndrome and carpal tunnel syndrome. Treatment to date has included medication, physical therapy, toxicology screen, x-ray, MRI, chiropractic care and bilateral wrist splints. Currently, the injured worker complains of right shoulder and neck pain as well as numbness and tingling in her right hand. The injured worker is diagnosed with myalgia and myositis (not otherwise specified). Therapeutic response to medication, physical therapy, wrist splints and chiropractic care was not included in the documentation. The following, chiropractic treatment 8 visits is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment eight (8) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The MTUS guideline recommends manual therapy and manipulation for chronic pain caused by musculoskeletal condition. The guidelines recommend an initial 6 visits over 2 weeks and with documentation of objective functional improvement, a total of up to 18 visits are recommended. Records indicate that the patient received prior chiropractic treatments. There was no objective documentation regarding functional improvement from prior chiropractic treatments. In addition, the patient reported that chiropractic treatment generated some of her symptoms. Based on the lack of functional improvement from prior chiropractic care, the provider's request for 8 chiropractic sessions is not medically necessary at this time.