

Case Number:	CM15-0168785		
Date Assigned:	09/25/2015	Date of Injury:	09/02/2010
Decision Date:	10/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 73 year old female who sustained an industrial injury on 9-2-10. Previous treatment noted includes medication, physical therapy, acupuncture, and surgery- left arm 2010. In the records made available, a primary treating physician initial psychiatric evaluation and report and request for authorization dated 7-23-15, notes she reports a depressed mood most of the day, nearly every day and experiences markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day. It is noted she is more withdrawn and avoids social engagements whenever possible. She "reports the traumatic experience at work has had a profound impact on her psyche." Current reported physical symptoms are of "pain in my left arm, chest pain and headaches." She reports persistent physical complaints including fatigue, loss of energy, chest pain, and shaking or trembling. Zoloft 50mg in the mornings for depression and anxiety was started. It is noted that in May 2015, the injured worker reports she was prescribed 2 different medications (names unrecalled) for treatment of depression and insomnia and that she is no longer taking the medications. She also reports she was seeing a psychologist since 2012 and reports improvement of her condition with the treatment provided. The injured worker reports a fractured left arm in 2010 due to her work injury. It is noted that from a psychiatric perspective, she is unable to continue with her usual and customary employment. A request for authorization is dated 7-23-15. The physician notes she would benefit from chiropractic care for her left arm, chest pain, and headaches. The requested treatment of chiropractic evaluation and treatment as needed for pain in left arm was non-certified on 8-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treatment, as needed for pain in left arm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Chiropractic evaluation and treatment, as needed for pain in left arm is not medically necessary per the MTUS Guidelines. The MTUS states that for extended durations of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. The MTUS does not recommend chiropractic treatment for carpal tunnel syndrome, forearm, wrist, and hand pain. The documentation indicates that the patient has left arm pain for which the MTUS does not offer support of chiropractic treatment. Furthermore, continuing treatment cannot be certified without evidence of efficacy, therefore this request is not medically necessary.