

Case Number:	CM15-0198903		
Date Assigned:	10/14/2015	Date of Injury:	04/10/2015
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

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

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 28 year old male, who sustained an industrial injury on 4-10-2015. Medical records indicate the worker is undergoing treatment for bilateral carpal tunnel syndrome, right hip sprain-strain, lumbar sprain-strain and sleep and depressive disorder. A recent progress report dated 8-6-2015, reported the injured worker complained of severe bilateral hand pain with tingling, severe right hip pain, severe low back pain, anxiety, sleeplessness, depression, fatigue and frustration. Physical examination revealed tenderness and limited painful range of motion to the low back and right hip with bilateral carpal tunnel syndrome. Treatment to date has included heat therapy, hand braces, medication management. The physician is requesting 12 Chiropractic Manipulative Therapy-Modalities-Rehab Treatments. On 9-20-2015, the Utilization Review non-certified the request for 12 Chiropractic Manipulative Therapy- Modalities-Rehab Treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Manipulative Therapy/Modalities/Rehab Treatments: Upheld

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

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

Decision rationale: The claimant presented with ongoing pain in the right hip, low back, and bilateral carpal tunnel syndromes. Previous treatments include bracings and medication. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for low back pain, the request for 12 visits exceeded the guidelines recommendation. In addition, chiropractic manipulation is not recommend for wrist and carpal tunnel syndromes. Therefore, the request for 12-chiropractic visit is not medically necessary.