

Case Number:	CM15-0043562		
Date Assigned:	03/13/2015	Date of Injury:	05/22/2014
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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, 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 (IW) is a 38 year old female who sustained an industrial injury on 05/22/2014. She reported pain in the left shoulder and upper arm. The injured worker was diagnosed as having left shoulder pain, left wrist pain, and back pain. Treatment to date has included medications, hot and cold packs, wrist splint, acupuncture, physical therapy (6) and a home exercise program. Currently, the injured worker complains of shoulder and back pain. The treatment plan included ongoing follow up care, a specialist referral, and return to modified work/activity. Chiropractic care was planned, and a request for authorization was made for Chiropractic therapy 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends manipulation and manual therapy for chronic pain. The guidelines do not recommend manipulation for the forearm, wrist, & hand. There was no mention of the body part for the requested chiropractic treatments. According to the progress report dated 2/03/2015, the patient was diagnosed with sprain of unspecified site of the wrist. The provider's request for 8 chiropractic sessions is not consistent with the evidence based guidelines and therefore, it is not medically necessary at this time.