

Case Number:	CM15-0046781		
Date Assigned:	03/19/2015	Date of Injury:	12/20/2013
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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 55 year old female, who sustained an industrial injury on December 20, 2013. The injured worker was diagnosed as having lumbosacral musculoligamentous strain/sprain with radiculitis, right wrist tenosynovitis and ganglion cyst, left ankle strain/sprain, rule out lumbosacral spine discogenic disease, rule out right wrist carpal tunnel syndrome and rule out left foot internal derangement. Treatment and diagnostic studies to date have included chiropractic therapy and medication. A progress note dated December 15, 2014 the injured worker complains of back and leg pain with numbness in the wrist and hand. She rates her pain as 7/10. Physical exam provides tenderness on palpation to lumbar spine, right wrist and hand and left ankle and foot. The plan includes continue chiropractic therapy 2X6, physical therapy, medication and magnetic resonance imaging (MRI) of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic therapy evaluate & treatments for the lumbar right wrist and left ankle:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

Decision rationale: The claimant presented with persistent pain in the right wrist, left ankle, and low back despite previous treatments with medications and chiropractic. It is unknown how many chiropractic visits the claimant had completed, however, evidences based MTUS guidelines do not recommend chiropractic therapy for the wrist and ankle. Therefore, the request for 12 chiropractic visits for the lumbar, wrist, and ankle is not medically necessary.