

Case Number:	CM15-0047559		
Date Assigned:	03/19/2015	Date of Injury:	04/05/2002
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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 51 year old female who sustained an industrial injury on 04/05/2002. Current diagnosis includes bilateral carpal tunnel syndrome. Previous treatments included medication management, Chiropractic therapy, massage, and injections in the neck and hands. Diagnostic studies included MRI's of the cervical spine in 2007 and 2013, and an EMG done 10/2014. Report dated 11/07/2014 noted that the injured worker presented with complaints that included pain in the hands. Pain level was rated as 6 out of 10 on the visual analog scale (VAS) with medication. Physical examination was positive for abnormal findings. The treatment plan included refilling medications which included Voltaren gel, Norco, Naproxen, and Prilosec, re-check in one month, and request for urine drug screening. Issue in dispute includes continued Chiro-physical rehabilitation to the thoracic, lumbar, and bilateral hands 1-3 visits for 2 week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Chiro-physical rehabilitation to the thoracic 1-3 visits for 2 week period:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 2/18/15 denied the requested Chiro-physiotherapy, 12 session to the thoracic spine based on the lack of clinical documentation supporting a return to active care absent clinical evidence of a recent flare or exacerbation. No objective clinical examination deficits were provided or compared to prior deficits support a return to active care. The patient was reported working without limitation, which represented progressive improvement following prior applied care. The reviewed medical records failed to establish the medical necessity for treatment to the thoracic spine 1-2 visits over 3 weeks or comply with referenced CAMTUS Chronic Treatment Guidelines.

Continued Chiro-physical rehabilitation to the lumbar 1-3 visits for a 2 week period: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 2/18/15 denied the requested Chiro-physiotherapy, 12 session to the lumbar spine based on the lack of clinical documentation supporting a return to active care absent clinical evidence of a recent flare or exacerbation. No objective clinical examination deficits were provided or compared to prior deficits support a return to active care. The patient was reported working without limitation, which represented progressive improvement following prior applied care. The reviewed medical records failed to establish the medical necessity for treatment to the lumbar spine 1-2 visits over 3 weeks or comply with referenced CAMTUS Chronic Treatment Guidelines.

Continued Chiro-physical rehabilitation to the bilateral hands 1-3 visits for a 2 week period: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 2/18/15 denied the requested Chiro-physiotherapy, 12 session to the bilateral hands based on the lack of clinical documentation supporting a return to active care absent clinical evidence of a recent flare or exacerbation. No objective clinical examination deficits were provided or compared to prior deficits support a return to active care.

The patient was reported working without limitation, which represented progressive improvement following prior applied care. The reviewed medical records failed to establish the medical necessity for treatment to the bilateral hands 1-2 visits over 3 weeks or comply with referenced CAMTUS Chronic Treatment Guidelines.