MAXIMUS Federal Services

Case Number:	CM15-0060601		
Date Assigned:	04/06/2015	Date of Injury:	10/15/2013
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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 30-year-old female, who sustained an industrial injury on 10/15/2013. She reported injuries to her jaw, left leg, lower extremity, right arm, and right upper extremity during a motor vehicle accident. The injured worker is currently diagnosed as having cervical hyperextension/flexion injury, cervical radiculopathy, and triangular fibrocartilage complex tear. Treatment to date has included physical therapy, chiropractic treatment, left shoulder MRI, electromyography/nerve conduction studies of bilateral upper extremities, right wrist brace, and medications. Per a Pr-2 dated 7/28/2014, the claimant's grip strength is 15 on the left and 5 on the right. She is working modified duty of no lifting over 10 lbs, no contact with children and must wear right wrist brace. Per a PR-2 dated 1/21/2015, the grip strength is 10kg on left and 5kg on right. There is positive Finkelstein's and TFCC. In a progress note dated 02/25/2015, the injured worker presented with complaints of bilateral shoulder pain, right wrist pain, and neck/mid back pain. Work restriction remains the same. The treating physician reported requesting authorization for chiropractic therapy for the mid back and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Chiropractic physiotherapy 1 x a week for 6 weeks - cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, Physical Medicine Page(s): 59, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear how many chiropractic treatments have been rendered. However, the claimant did already have a trial of treatments with no functional improvement related to chiropractic treatment. Therefore, further chiropractic visits are not medically necessary.

Continue Chiropractic physiotherapy 1 x a week for 6 weeks - right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, Physical Medicine Page(s): 59, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear how many chiropractic treatments have been rendered. However, the claimant did already have a trial of treatments with no functional improvement related to chiropractic treatment. In addition, chiropractic treatment is not recommended for the wrist. Therefore, further chiropractic visits are not medically necessary.