

Case Number:	CM15-0080139		
Date Assigned:	05/01/2015	Date of Injury:	10/30/2014
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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 October 30, 2014. Several documents included in the submitted medical records are difficult to decipher. She reported gradually feeling weakness, tingling, and pain in the right wrist. The injured worker was diagnosed as having right carpal tunnel syndrome, cervical myositis and spasm, and thoracic myositis and spasm. Diagnostics to date has included x-rays and electromyography/nerve conduction velocity studies. Treatment to date has included work modifications, chiropractic therapy, physical therapy, a wrist/hand splint, rest, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On March 16, 2015, the injured worker complains of constant upper, mid, and low back pain, greater on the right than the left. Her pain was rated 5/10. Her right arm was swollen. Chiropractic therapy improved her pain. The physical exam revealed neck, thoracic and right shoulder spasm and tenderness. There was tenderness of the right flexor carpi radialis, a positive Tinel's sign, and decreased right grip. She was not working currently. The treatment plan includes an additional 6 visits of chiropractic for the cervical, thoracic, right shoulder, and right hand. Six sessions of chiropractic were approved on 3/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the cervical, thoracic, right shoulder, and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

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 visits have already been rendered. However, the claimant had six chiropractic treatments recently approved with no documented functional improvement. Therefore further chiropractic visits are not medically necessary.