

Case Number:	CM15-0083841		
Date Assigned:	05/06/2015	Date of Injury:	07/08/2014
Decision Date:	06/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

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 57 year old female, who sustained an industrial injury on 7/08/2014. Diagnoses include sprain of shoulder and upper arm, non-allopathic lesions of cervical region, non-allopathic regions of lumbar region and non-allopathic lesions of thoracic spine. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications and chiropractic care. Per the Chiropractic visit note dated 3/05/2015, the injured worker reported pain in the cervical thoracic and thoracolumbar regions. Physical examination revealed joint dysfunction upon motion palpation of the cervical, thoracic and lumbar spine. There was decreased cervical range of motion upon left rotation and left lateral flexion and lumbar flexion caused thoracolumbar pain. The plan of care included, and authorization was requested, for 6 additional chiropractic visits for bilateral wrists/hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic 6 visits for the bilateral wrists and hands: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care; Not medically necessary. Recurrences/flare-ups; Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended
Page(s): 58-59.

Decision rationale: The claimant presented with ongoing pain in the wrist, hands, neck, and back. Previous treatments include medications, physical therapy, acupuncture, chiropractic, and home exercises. Although evidences based MTUS guidelines do not recommend chiropractic treatment for the forearm, wrist, and hand, the claimant has completed at least 9 visits to date. Current request is for 6 additional chiropractic treatment for bilateral wrists and hands. Based on the guidelines cited, the request for chiropractic treatment is not medically necessary.