

Case Number:	CM15-0085948		
Date Assigned:	05/07/2015	Date of Injury:	06/25/2012
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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 49-year-old female patient who sustained an industrial injury on 06/25/2012. A recent primary treating office visit dated 04/06/2015 reported the patient with subjective complaint of right shoulder bilateral hand/wrist and right knee pains. Objective findings showed the patient with limited range of motion to the right shoulder, bilateral wrists. The patient is to start chiropractic therapy the following week. She is diagnosed with cervical strain/sprain; lumbar sprain; shoulder adhesive capsulitis, and leg/knee strain/sprain. The plan of care involved: obtaining medical clearance, re-initiate physical therapy sessions, and continue medications. She is to follow up in 4 weeks. A secondary treating office visit dated 09/09/2014 reported the patient's present complaints of constant neck pain, frequent headaches. The neck pain also radiates to the bilateral upper extremities. The following diagnoses are: cervical sprain/strain; thoracic sprain/strain; and lumbar radiculopathy. The plan of care noted recommendation for a transcutaneous nerve stimulator unit, referral for spine specialist, prescription for Flexeril, Omeprazole, and Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week times three weeks for the right knee, bilateral shoulders and bilateral wrist/hand: Upheld

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

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

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was not established. Medical treatment utilization schedule chronic pain guidelines, page 58, indicates that manipulation for knee and hand/wrist complaints is "not recommended." Therefore, the medical necessity for the requested 6 chiropractic treatments was not medically necessary.