

Case Number:	CM15-0086347		
Date Assigned:	05/11/2015	Date of Injury:	12/02/2013
Decision Date:	06/22/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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, Minnesota
 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 41-year-old female injured worker suffered an industrial injury on 12/02/2013. The diagnoses included cervical spine strain and disc bulge, right elbow cubital tunnel syndrome and bilateral carpal tunnel syndrome. The diagnostics included cervical magnetic resonance imaging and electromyographic studies. The injured worker had been treated with medications. On 4/8/2015, the treating provider reported moderate intermittent neck pain and intermittent moderate bilateral wrist pain with weakness. On exam, there was tenderness and spasms of the cervical muscles. There was restricted range of motion due to pain. The right elbow and bilateral wrist were tender. The treatment plan included chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic visits for the cervical spine and bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The above guidelines also state that manipulation to the wrist is not recommended. The doctor requested 8 chiropractic visits over an unspecified period of time for the cervical spine and bilateral wrists. The request for treatment is not according to the above guidelines for the cervical spine & wrist and therefore the treatment is not medically necessary.