

Case Number:	CM15-0087167		
Date Assigned:	05/11/2015	Date of Injury:	01/18/2005
Decision Date:	06/10/2015	UR Denial Date:	04/24/2015
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

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 50 year old female who sustained an industrial injury on 01/18/05. Initial complaints and diagnoses are not available. Treatments to date include medications and unspecified therapy. Diagnostic studies include a MRI of the left elbow. Current complaints are not addressed in the submitted record. Current diagnoses are not addressed. In a work status report dated 03/31/15 the treating provider reports that the injured worker may return to regular work duties without restrictions on 03/31/13. No treatment plan is outlined with the exception of a follow-up visit on 04/07/15. The requested treatments are chiropractic/physical rehabilitation services for the bilateral wrists and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physical rehabilitation 1-3 visits for a 2 week period, bilateral wrist (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter (Online version): Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 4/24/15 denied the request for 1-3x2 weeks of Chiropractic/physical therapy to the bilateral wrists (total 6 sessions) citing CAMTUS Chronic Treatment Guidelines. The medical history of prior care following a documented exacerbation did include the recommendation and initiation of physical therapy prior to this request for additional care. The reviewed medical records failed to support the medical necessity for the Chiropractic manipulation/PT to the wrists for a total of 6 sessions or comply with the prerequisites for additional care per CAMTUS Chronic Treatment Guidelines. Therefore, the requested medical treatment is not medically necessary.

Chiropractic/physical rehabilitation 1-3 visits for a x 2 week period left elbow (6 sessions):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter (Online version): Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 4/24/15 denied the request for 1-3x2 weeks of Chiropractic/physical therapy to the left elbow (total 6 sessions) citing CAMTUS Chronic Treatment Guidelines. The medical history of prior care following a documented exacerbation did include the recommendation and initiation of physical therapy prior to this request for additional care. The reviewed medical records failed to support the medical necessity for the Chiropractic manipulation/PT to the left elbow for a total of 6 sessions or comply with the prerequisites for additional care per CAMTUS Chronic Treatment Guidelines. Therefore, the requested medical treatment is not medically necessary.