

Case Number:	CM13-0064144		
Date Assigned:	01/03/2014	Date of Injury:	03/24/2008
Decision Date:	05/13/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Chiropractic Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old female who reported an injury on 03/24/2008, secondary to a fall. The injured worker is currently diagnosed with carpal tunnel syndrome, disorders of the sacrum, pain in a joint of the pelvis and thigh, and pain in a joint of the lower leg. The injured worker was evaluated on 11/11/2013. The injured worker noted improvement with TENS therapy. The injured worker also noted that previous chiropractic sessions have allowed her to function. Physical examination on that date revealed normal ambulation without assistance and no acute distress. Treatment recommendations included a TENS unit purchase, a psychological consultation, and 12 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 12 Chiropractic Sessions between 11/13/2013 and 12/28/2013:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the spine is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. Treatment for the forearm, wrist, and hand is not recommended. Treatment for the knee is also not recommended. There was no specific body part listed in the current request. Additionally, the request for 12 chiropractic sessions exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.