

Case Number:	CM14-0012425		
Date Assigned:	02/21/2014	Date of Injury:	08/31/2012
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 licensed in Chiropractics and is licensed to practice in California. 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 claimant is a 29-year-old female who was involved in a work injury on 8/31/2012. The injury was described as a repetitive trauma injury to her bilateral upper extremities. The claimant initially presented to the industrial clinic where she underwent a course of physical therapy. In November 2013 the claimant underwent EMG/NCV testing of the bilateral upper extremities that proved to be normal. On 12/24/2013 the claimant underwent a supplemental panel qualified medical reevaluation with [REDACTED]. The claimant was diagnosed with bilateral upper extremity overuse syndrome with no evidence of electrodiagnostic examination of peripheral nerve entrapment or peripheral neuropathy. The determination was that the claimant "has reached permanent and stationary status. She has reached maximum medical improvement." With respect to future medical care it was noted that "I do believe that under future medical care she should be considered for chronic pain management to see if there is any other type of interventional therapies such as analgesic medications, anti-inflammatory agents, or true point injections at may give her some relief." On 12/30/2013 the claimant presented to the office of [REDACTED], for an initial evaluation for complaints of "tingling his left hand, shooting pains occasionally into forearms, pain and elbows, occasionally right shoulder pain, neck pain and soreness, stiffness." The claimant was diagnosed with cervical, thoracic, shoulder, elbow, and wrist sprain/strain and carpal tunnel syndrome. The recommendation was for a course of 8 chiropractic treatments. This request was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 VISITS TO THE CHIROPRACTOR IN TREATMENT OF THE RIGHT SHOULDER AND RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." This guideline would support an initial clinical trial of 6 treatments. The requested 8 treatments exceed this guideline. Therefore, the medical necessity for the requested 8 treatments was not established.