

Case Number:	CM14-0134875		
Date Assigned:	08/27/2014	Date of Injury:	05/05/2013
Decision Date:	10/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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 Board Certified in Orthopedic Surgery, 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 42-year-old female who sustained injuries to her upper extremities and low back in a work related accident on May 5, 2013. The medical records provided for review document that conservative treatment to date has included physical therapy, chiropractic sessions in addition to the surgical process of a right carpal tunnel release in November of 2013. The claimant also had thoracic complaints and an MRI on August 27, 2013 showed posterior disc protrusions at T6-T7, T7-T8, and T8-T9 with no compressive pathology. The clinical assessment on July 10, 2014, revealed continued left shoulder and mid upper back complaints. It was documented at that time the claimant had undergone 26+ sessions of physical therapy. The assessment did not document any formal physical examination findings. The recommendation was made for continued chiropractic measures for 12 sessions to the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 3x/Week for 4/Weeks for the Thoracic Spine (Total of 12 Visits):
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): , page 58-59..

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for chiropractic treatment three times per week for four weeks for the thoracic spine cannot be recommended as medically necessary. The Chronic Pain Guidelines recommend maximum duration of chiropractic treatment is eight weeks with objective functional improvement in four to six sessions. While the claimant is noted to have failed a significant course of physical therapy, the requested twelve sessions of chiropractic care would exceed the Chronic Pain Guideline criteria for initial treatment, Therefore the request is not medically necessary.