

Case Number:	CM13-0060829		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2013
Decision Date:	03/06/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/04/2013

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. 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 injured worker is a 34 year old female who suffered an unknown work related injury on 12/02/13. Per the physician's note from 11/05/13 she complained of constant mild aching pain in the right arm and wrist that becomes severe with extended typing. She was noted to have decreased grip and sensation on the right side and neck pain with right flexion and left rotation. Treatment consisted of anti-inflammatories, wrist splint, ergonomic workplace evaluation, and chiropractic rehab for right wrist and neck. The chiropractic treatments were non-certified by the Claims Administrator on 11/14/13 as this is no identifiable traumatic occupational injury or musculoskeletal pathology to be address and no documented functional deficits. The denied treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC REHAB/TREATMENT 3 TIMES A WEEK FOR 4 WEEKS FOR THE NECK AND RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines, Preface

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/neck 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 doctor requested Chiropractic Rehab/treatment 3 times per week for 4 weeks for the neck and right wrist which does not follow the above guidelines and is therefore not medically necessary. Also the above guidelines state that manipulation to the wrist is not recommended and therefore not medically necessary.