

Case Number:	CM14-0216592		
Date Assigned:	01/06/2015	Date of Injury:	06/24/2010
Decision Date:	03/11/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 67 year old woman with diagnoses including carpal tunnel syndrome, radiculopathy, cervical stenosis, and thoracic sprain. The patient was seen in initial chiropractic evaluation 11/12/14 with complaints of neck pain, low back pain, right shoulder pain/stiffness, and right wrist pain. At that time the patient was noted to have palpable tenderness with non-quantified limited range of motion in the symptomatic areas. The proposed treatment plan included 6 visits of chiropractic and 8 visits of occupational therapy. The treating chiropractor planned to assume primary treatment and indicated a plan to review prior records.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of chiropractic treatment for the bilateral wrists and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59, 98-99.

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

Decision rationale: MTUS states that elective/maintenance chiropractic treatment is not medically necessary. The records in this case appear to propose maintenance treatment since there is no documentation of a flare in symptoms and given that the provider has not yet had the opportunity to review prior records. MTUS anticipates that the patient would have previously transitioned to independent active home rehabilitation; the records do not document a rationale instead for additional supervised chiropractic treatment at this time. This request is not medically necessary.

6 sessions of occupational therapy over 6 weeks for the bilateral wrists and cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: MTUS anticipates that the patient would have previously transitioned to independent active home rehabilitation; the records do not document a rationale instead for additional supervised occupational therapy treatment at this time. No specific occupational therapy goals have been provided, and the provider does not appear to propose new goals given that he has not yet had the opportunity to review all prior medical records. This request is not medically necessary.