

Case Number:	CM15-0015773		
Date Assigned:	02/03/2015	Date of Injury:	02/19/2013
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 38 year old male with an industrial injury dated 02/19/2013. He was cutting a plastic tarp with a safety knife when suddenly it slipped from his hand causing a deep laceration to his left hand and wrist. Follow up visit on 12/11/2014 noted the injured worker had completed 8 additional occupational therapy visits. He was experiencing pain in left hand/wrist which was slightly worse but was making progress with range of motion in the wrist. Physical exam revealed left upper extremity with normal range of motion. Left wrist findings were -50 degree flexion and - 30 degrees extension. He also reports a second injury on 03/18/2013 to his low back while lifting a box of tile. He states he felt a severe pinch like sensation to his back. He received 12 sessions of physical therapy and chiropractic treatment. A progress note dated 8/29/14 indicates that the patient has completed 5/8 chiropractic sessions. Follow up visit on 10/28/2014 revealed examination of the lumbar spine with tenderness over the midline and paraspinal equally. Kemp's test was positive bilaterally with decreased range of motion. Prior treatments include initially suturing and x-rays. Other treatments include pain medication, physical therapy, MRI to left hand and wrist, surgery on left hand with post -op physical therapy, chiropractic therapy and occupational therapy. Diagnoses: Left ulnar wrist laceration with hypertrophic scar and neuroma and status post scar revision, neurolysis and debridement on 06/06/2014. Other diagnoses included acute lumbosacral strain, rule out disc herniation. On 12/31/2014 utilization review denied the request for 12 chiropractic sessions to the lumbar spine 2 times a week for 6 weeks. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic therapy sessions to the lumbar spine, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: 12 chiropractic therapy sessions to the lumbar spine, 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The MTUS states that elective/maintenance care are not medically necessary. The documentation indicates that the patient has had prior chiropractic sessions without evidence of significant function improvement. The MTUS does not support continuing this treatment without evidence of functional improvement therefore the request is considered not medically necessary.