

Case Number:	CM15-0118140		
Date Assigned:	06/26/2015	Date of Injury:	01/09/2011
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: California
 Certification(s)/Specialty: Chiropractor, Oriental 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 37 year old male who reported an industrial injury on 1/9/2011. His diagnoses, and/or impressions, are noted to include: cervical spinal stenosis/spondylosis; thoracic spine sprain/strain; right lateral epicondyle; and right early carpal tunnel syndrome. No current imaging studies are noted. His treatments are noted to include chiropractic treatments; home exercise program; medication management; and rest from work. The progress notes of 5/28/2015 were hand written and mostly illegible. Noted reported included: numbness in the left wrist; continued numbness and pain in the right elbow; continued periodic spasms in the thoracic spine, left > right; continued pain/numbness in the back and right "E"; continued soreness in the cervical spine; and missed work with some increased left thoracic spine pain 3 days prior. Objective findings were noted to include flat deep tendon reflexes in the left upper extremity; increased cervical spine range-of-motion; tenderness and spasms in the bilateral cervical spine; spasms in the thoracic spine; tenderness to the right elbow with positive Tinel's and right cubital maneuver. The physician's requests for treatments were noted to include additional chiropractic therapy for the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy 2 times per week for 3 weeks to the cervical/thoracic spine:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004.

Decision rationale: The UR determination of 6/5/15 denied additional Chiropractic care, 2x3 to manage the patients cervical and thoracic spine regions citing CAMTUS guidelines. The patient was reported to have completed only a portion of the certified Chiropractic visits prior to the request for additional care. No reported evidence of either completion or functional improvement as required by CAMTUS Chronic Treatment Guidelines were provided leading to denial of care. The medical necessity for additional Chiropractic care is not supported by the submitted report/s or the referenced CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.