

Case Number:	CM15-0123964		
Date Assigned:	07/09/2015	Date of Injury:	03/08/2013
Decision Date:	09/02/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/26/2015

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, 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 46 year old female, who sustained an industrial injury on 3/8/13. The injured worker has complaints of thoracic spine pain and bilateral wrist pain. The documentation noted that there is tenderness at T1 to T12. The diagnoses have included thoracic spine sprain and strain and bilateral wrist and ankle sprain and strain. Treatment to date has included right carpal tunnel release on 1/6/15 and medications. The request was for chiropractic 3 times a week for 6 weeks right wrist. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times a week for 6 weeks right wrist: Upheld

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

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 to the wrists is not recommended as an option. The doctor has requested Chiropractic 3 times per week for 6 weeks or 18 visits to the right wrist. The requested treatment is not recommended according to the above guidelines and therefore the treatment is not medically necessary and appropriate.