

Case Number:	CM15-0126887		
Date Assigned:	07/13/2015	Date of Injury:	03/12/2015
Decision Date:	08/07/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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:

This 35 year old female sustained an industrial injury to the right wrist on 3/12/15 after being struck by two onions. Previous treatment included physical therapy, bracing and medications. In a PR-2 dated 5/16/15, the injured worker complained of persistent, severe right forearm pain rated 8/10 on the visual analog scale. The injured worker reported that she could not open jars or bottles. Physical exam was remarkable for right wrist with full and painful range of motion, tenderness to palpation over the dorsal wrist and forearm, normal elbow range of motion and tenderness to palpation and pain on range of motion to the shoulder. Current diagnoses included right wrist tenosynovitis, forearm sprain/strain and intersection syndrome. The physician stated that he did not feel that the residual problems were related to being struck over the wrist by two onions. The physician noted the non-occupational origin of this type of tendinitis. The physician stated that she could get another opinion if she desired. The injured worker was discharged to self-care. The physician stated that the injured worker could return to regular duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 4Wks of Cervical Spine, QTY: 8: Upheld

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

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; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 6/19/15 UR determination to deny the requested Chiropractic care to the patients cervical spine, 8 sessions, cited CAMTUS Chronic Treatment Guidelines. The DFR from the primary physician documented sufficient examination deficits to support a referral for Chiropractic care but the request exceeded referenced CAMTUS Chronic Treatment Guidelines. The medical necessity for 8 sessions of Chiropractic care to manage the patients lower back was not supported by referenced guidelines or referenced CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.