

Case Number:	CM15-0067251		
Date Assigned:	04/20/2015	Date of Injury:	07/09/2014
Decision Date:	05/18/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/08/2015

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 53-year-old male, with a reported date of injury of 07/09/2014. The diagnoses include left wrist sprain/strain, rule out left carpal tunnel syndrome, rule out left wrist internal derangement, left hand fracture, left hand tenosynovitis, right hip sprain/strain, rule out right hip internal derangement, left hip sprain/strain, and rule out left hip internal derangement. Treatments to date have included physical therapy and oral medications. The initial medical report dated 12/23/2014 is missing three pages. The report indicates that the injured worker complained of neck, mid-back, and low back pain, radiating to both legs and feet. He also complained of bilateral rib pain, bilateral shoulder pain, with radiation to the left hand, wrist, and fingers, left hip pain, and daily tension headaches. The treating physician requested chiropractic treatment two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 3/12/15 denied the request for Chiropractic care 2x4 citing CAMTUS Chronic Treatment Guidelines. Prior to this determination, reviewed medical reports addressed prior Chiropractic care and physical therapy to manage the patient's lower back and extremities. The request for additional Chiropractic treatment was not accompanied by clinical evidence of functional improvement supporting additional care. The reviewed medical records failed to document the medical necessity for additional Chiropractic care consistent with referenced CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.