

Case Number:	CM15-0072042		
Date Assigned:	04/22/2015	Date of Injury:	02/16/2015
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/15/2015

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 53 year old female who sustained an industrial injury on 2/16/15. The injured worker reported symptoms in the cervical spine and left upper extremity. The injured worker was diagnosed as having ulnar nerve neuritis, cervical radiculitis, and paresthesia hand and weakness upper extremity. Treatments to date have included myofascial manipulative procedures, laser and traction. Currently, the injured worker complains of pain in the cervical spine and numbness in the left hand and fingers. The plan of care was for chiropractic manipulative therapy treatments, wrist compression support and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 visits of CMT for the extremity and cervical spine to include EMS, Traction, Myofascial Release , and Laser: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173-174; 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines; ODG Neck and Upper Back (Acute and Chronic); ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, Manipulation of the low back (or neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 9 visits of CMT for the extremity and cervical spine to include EMS, Traction, myofascial release and laser over an unspecified period of time. The request for manipulation to the cervical spine is not according to the above guidelines and therefore the treatment is not medically necessary. Manipulation to the upper extremity is not recommended according to the above guidelines and therefore the treatment is not medically necessary.