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| Case Number: | CM13-0010187 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/06/2003 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/12/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who reported an injury on 06/06/2003. The mechanism of injury was not provided. The patient was noted to have increased pain with numbness from the neck/upper back to hands. The patient objectively was noted to have severe tenderness to palpation in bilateral arms, positive Tinel's signs at wrists bilaterally, severe tenderness to palpation with spasms at C1 through C7 and T1 through T4. The patient was noted to have painful active range of motion of the cervical spine and cervical compression test, Soto Hall's and a positive Valsalva's. The patient's diagnoses were noted to include cervical sprain/strain and carpal tunnel syndrome and the request was made for manual therapy as well as a neurology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

osteopathic manipulation treatment 1 x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. The clinical documentation submitted for review indicated this treatment was for a flare up. The patient objectively was noted to have severe tenderness to palpation in bilateral arms, positive Tinel's signs at wrists bilaterally, severe tenderness to palpation with spasms at C1 through C7 and T1 through T4. The patient was noted to have painful active range of motion of the cervical spine and cervical compression test, Soto Hall's and a positive Valsalva's. However, there was a lack of documentation indicating the patient received objective functional improvement with prior sessions and the number of sessions that were provided. Additionally, there was a lack of documentation indicating the body part that the treatment was being requested for. Given the above, and the lack of documentation, the request for osteopathic manipulation treatment 1 x a week for 6 weeks is not medically necessary.

neurology consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The patient objectively was noted to have severe tenderness to palpation in bilateral arms, positive Tinel's signs at wrists bilaterally, severe tenderness to palpation with spasms at C1 through C7 and T1 through T4. The patient was noted to have painful active range of motion of the cervical spine and cervical compression test, Soto Hall's and a positive Valsalva's. The clinical documentation submitted for review failed to provide documentation of neurologic findings upon objective examination to support the request for a neurology consult. There was a lack of documented rationale to support the request. Given the above, the request for neurology consult is not medically necessary.