

Case Number:	CM13-0013577		
Date Assigned:	09/25/2013	Date of Injury:	09/13/2012
Decision Date:	01/22/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is licensed in Chiropractic, has a subspecialty in Acupuncture 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 40 year old female with a date of injury of 9/18/2012. According to the progress report dated 5/29/2013 the patient continues to suffer from bilateral upper extremity pain and low back pain. The patient has frequent headaches that radiate into the cervical spine. There was cervical spine pain that radiates into the bilateral upper extremities with numbness and tingling. There was constant bilateral shoulder pain that is worse with repetitive activities. The patient was unable to sleep on either side due to shoulder pain that is burning. Significant objective findings include decrease cervical spine range of motion, spinous process tenderness was positive, positive cervical distraction bilaterally, positive bilateral maximal foraminal test, positive shoulder depression test, decrease shoulder range of motion, bicipital groove tenderness, positive Finkelsteins and modified Phalens bilaterally. The patient was diagnosed with cervical spine herniated nucleus pulposus with radiculopathy, bilateral shoulder internal derangement, bilateral lateral epicondylitis, and bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Chiropractic 2 times per week for 3 weeks for bilateral upper extremities is not medically necessary at this time. Records indicate that the patient had prior care in the past and there was no evidence of objective functional improvement. The patient continued to have on going pain despite chiropractic care. Therefore, the additional chiropractic care is not medically necessary.