

Case Number:	CM13-0015903		
Date Assigned:	04/23/2014	Date of Injury:	09/20/2011
Decision Date:	06/10/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/23/2013

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 Board Certified in Chiropractics 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 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/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 claimant is a 50-year-old male who was involved in a work injury on 9/20/2011. According to an agreed medical evaluation dated 3/19/2012 from [REDACTED], the injury was described as the claimant "was operating 8 semitruck in the state of [REDACTED]. He states he was traveling through an unfamiliar city, [REDACTED]. He states, as the highway was undergoing road construction, a detour route was set in place for traffic to be redirected to the highway at a location away from the construction area. While [REDACTED] was following the detour route, he proceeded to drive under an overpass. In doing so, the top of his cab and the trailer subsequently struck the underside of the overpass while the patient was traveling about 35 mph. This immediately stopped his truck in its tracks. Fortunately at the time of the incident, the applicant was wearing a seatbelt. As a consequence of the sudden stop and the impact of the collision, [REDACTED] body was violently jerked and jostled within the cab." The claimant began to note neck, lower back, bilateral hip, mid back, right knee, and bilateral shoulder pain. The claimant was terminated from his employment and provided a bus ride home to [REDACTED] by his employer. Reportedly "no medical care was ever offered the patient." At the time of the 3/19/2012 AME the claimant "is temporarily totally disabled. We should see the patient back after his MRI scans." On 6/11/2012 [REDACTED] reevaluated the claimant and diagnosed him with cervical strain. The determination was that the claimant was "permanent and stationary for rating purposes, having reached MMI." The claimant was given a 7% whole person impairment and recommended over-the-counter medication and home-administered exercises for future medical care. The claimant was reevaluated by [REDACTED] on 10/28/2013. This report indicated that on 3/25/2013 the claimant underwent right carpal tunnel release and completed a course of postoperative therapy. The recommendation was for an MRI of the cervical spine electrodiagnostic studies "to see if there are any other nonindustrial factors or neurological

diseases that may be causing this ('very remarkable atrophy of the hands')." On 11/1/2013 the claimant underwent an MRI of the cervical spine and on 11/2/2013 underwent electrodiagnostic studies. [REDACTED] reevaluated the claimant on 1/2/2014. This report indicated that the claimant has a 3-4 mm broad-based bulge at C5/6 with a small area of myopathic changes in the left dorsal column. Electrodiagnostic studies reveal evidence of moderate carpal tunnel as well as severe ulnar neuropathy. The determination was that the claimant had already undergone surgery and that additional surgery was not an option and that "unfortunately, I think this is permanent. Applicant can be treated conservatively and take anti-inflammatory medications as needed but, really, overall, there is very little to do with respect to his hands at this point." The claimant presented to the office of [REDACTED], MD, on 10/3/2011 with a chief complaint of neck pain radiating to the bilateral upper extremities, low back pain, bilateral shoulder pain, bilateral hip pain, mid back pain, right knee pain, headaches, and emotional complaints of sleep disturbance. The claimant was diagnosed with cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain, bilateral shoulder carry scapular strain, right wrist sprain, bilateral hip sprain, right knee sprain with history of right knee surgery, headaches, and emotional complaints of sleep disorder. The recommendation was for a course of physiotherapy at 3 times per week for 4 weeks. The claimant subsequently underwent right carpal tunnel release surgery on 3/25/2013. This was followed by course of postoperative therapy. On 6/25/2013 the claimant was reevaluated by [REDACTED] for complaints of painful left wrist with numbness with decreased grip strength and localize low back pain without radiation. The claimant was diagnosed with cervical sprain/strain with bilateral upper extremity radiculopathy, thoracic sprain/strain, lumbar sprain/strain, lumbar intervertebral disc disorder, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, cubital tunnel syndrome, and carpal tunnel syndrome. The recommendation was for continued postoperative physical therapy next 12 for the wrist and request for chiropractic treatment at 2 times per week for 3 weeks and follow-up with [REDACTED]. There was reportedly an RFA on 7/11/2013 requesting treatment at 2 times per week for 4 weeks. This was denied by peer review. The rationale was that "additional chiropractic care cannot be clinically justified basin the lack of benefit from the previous chiropractic care." The purpose of this review is to determine the medical necessity for the requested 8 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 8 ADDITIONAL VISITS (2 X WEEK X 4 WEEKS) TO THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The California MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." A request for treatment at 2 times per week for 4 weeks exceeds this guideline. The previous rationale was that there was no response to the initial course of chiropractic care. The submitted documentation contains no information regarding the previous

chiropractic treatment. There was evidence that there was a request for physiotherapy. However, there was no documentation indicating the claimant's response to the initial course of care. Therefore, given the absence of documentation indicating the response that initial course of care and the fact the requested 8 treatments exceeds MTUS guidelines, the medical necessity for the requested 8 chiropractic treatments was not established.