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| Case Number: | CM13-0022346 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 06/30/2010 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 09/10/2013 |

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 Chiropractic Care, 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 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 patient is a 39 year old female with a date of injury 6/30/2010. According to the progress report dated 7/10/2013, the patient states that chiropractic care has been extremely helpful and stated that it has improved her symptoms greatly. The significant objective findings include paravertebral muscle tenderness, muscle spasm, restricted range of motion in the cervical spine. Tinel's and Phalen's test at the wrist were positive bilaterally. There was tenderness at the bilateral trapezius muscle. The patient is diagnosed with cervical spine strain, status post bilateral carpal tunnel release, bilateral carpal tunnel syndrome, bilateral trapezial irritation, gastropathy, and right lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for chiropractic visits three (3) times a week for four (4) weeks for the hands, arms, neck, shoulders and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: According to the California MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks. It is not recommended for elective/maintenance care. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. According to the Medical Treatment Utilization Schedule, functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. There was documentation that chiropractic was helpful in relieving symptoms, however there was no evidence of objective functional improvement in the submitted documents defined by the guidelines. Therefore, the provider's request for an additional chiropractic care at 3 times a week for 4 weeks is not medically necessary at this time.