

Case Number:	CM13-0023113		
Date Assigned:	11/15/2013	Date of Injury:	05/19/2008
Decision Date:	02/25/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/11/2013

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 and 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 67-year-old female who reported a work related injury on 05/19/2008 as the result of cumulative trauma. The patient presents for treatment of the following diagnoses, cervical disc displacement without myelopathy, probable posttraumatic insomnia, headache, hypertension, shoulder tenosynovitis, and anxiety. The patient has a history of a right cubital tunnel and carpal tunnel release as of 10/06/2008 and left cubital tunnel and carpal tunnel release as of 01/30/2009. The clinical note dated 06/26/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with decreased cervical spine range of motion, cervical spine trigger points, and +3 tenderness upon palpation of the cervical spine. The provider documents the patient had undergone trigger point injections to the left wrist for medication management as of 06/12/2013. The patient still presents with complaints of soreness about the left wrist with ulnar/radial deviation. The provider documents the patient is requesting a restart of acupuncture which the patient states relieves her cervical spine spasms for a couple of hours. The provider recommended chiropractic interventions as well as acupuncture 1 time a week for 6 weeks to aid in functional restoration for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions (cervical/wrists/elbows) (1x6): 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 Page(s): 58.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence when the patient last utilized the request passive modalities for her pain complaints. The clinical notes failed to evidence the patient presents with significant objective findings of symptomatology upon physical exam to support the requested interventions status post the patient's work related injury of 5 years. The clinical notes failed to document the patient's recent course of treatment as far as active conservative interventions for her pain complaints 2 to the wrist and the cervical spine. California MTUS indicates manipulation is recommended for chronic pain if caused by musculoskeletal conditions, the intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression the patient's therapeutic exercise program and return to productive activities. Given that is unclear when and if the patient had previously utilized chiropractic interventions for pain complaints and the efficacy of treatment, the request for chiropractic sessions (cervical/wrists/elbows) (1 time a week for 6 weeks) is not medically necessary or appropriate.

Physical therapy (trigger point/myofascial therapy) (cervical/wrists/elbows) (1x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence when the patient last utilized the request passive modalities for her pain complaints. The clinical notes failed to evidence the patient presents with significant objective findings of symptomatology upon physical exam to support the requested interventions status post the patient's work related injury of 5 years. The clinical notes failed to document the patient's recent course of treatment as far as active conservative interventions for her pain complaints 2 to the wrist and the cervical spine. California MTUS indicates massage therapy is recommended as an option. This treatment should be as an adjunct to other recommended treatments such as exercise and should be limited to 4 to 6 visits in most cases. Beneficial effects were registered only during treatment, massage is a passive intervention and treatment dependence should be avoided. Given the lack of documentation of whether or not the patient has previously utilized this intervention for her pain complaints and the efficacy of treatment with prior utilization of this intervention, the request for physical therapy (trigger point/myofascial therapy) (cervical/wrists/elbows) (1 time a week for 6 weeks) is not medically necessary or appropriate.