

Case Number:	CM13-0024923		
Date Assigned:	06/06/2014	Date of Injury:	10/17/2012
Decision Date:	07/25/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 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:

According to the available medical records, this is a 44 year old female patient with chronic neck and right upper extremity pain, date of injury 10/17/2012 cumulative trauma. Previous treatments include medications, chiropractic, arthroscopic surgery of the right wrist, cortisone injection on the right wrist, trigger point injections to the right upper back muscle, home exercises and physical therapy. Progress report dated 08/26/2013 by the treating doctor revealed cervical pain made worse with prolonged positions and rotations of the cervical spine, right shoulder along the right posterior shoulder girdle, right elbow and lateral forearm pain, right wrist pain with all gripping, grasping and fine manipulation, pain rated 6-7/10 on VAS and increased with daily activities which require use of her right upper extremity. Physical examination revealed decreased cervical ROM: left rotation 70/80, right rotation 65/80, left lateral flexion 35/40 and right lateral flexion 40/40. Positive cervical compression, bilateral paravertebrals tender to palpation and guarding, altered sensation along the right C5-C6 dermatome. Right elbow ROM is WNL with pain at brachioradialis muscle group. Right shoulder ROM is guarded in abduction and flexion at 165-170/180. There is pain to palpation of the right anterior joint and deltoid muscles. Diagnoses include fibro cartilage tear with partial tear at the ulnar attachment, cervical sp/st, cervical radiculitis/neuritis - right UE, cervicalgia, myalgia/myositis of the trapezii muscle and right elbow and shoulder. Patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 9-12 VISITS FOR THE CERVICAL AND TRAPEZIEUS: Upheld

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

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

Decision rationale: CA MTUS guidelines recommend a trial of 6 chiropractic visits over 2 weeks with evidence of functional improvement for manual therapy. The request for 9-12 chiropractic visits for the cervical spine exceeded the guidelines recommendation. Therefore, the request for chiropractic treatment 9-12 visits for the cervical and trapezieus is not medically necessary and appropriate.