

Case Number:	CM13-0029395		
Date Assigned:	11/01/2013	Date of Injury:	05/17/2013
Decision Date:	01/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/26/2013

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 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 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:

According to the available medical records, this is a 45 year old female patient with neck pain, right shoulder pain and right elbow pain, date of injury 05/17/2013. Previous treatments include chiropractic, medication, physical therapy and modified work. Doctor's First report dated 08/15/2013 revealed right shoulder, neck and right elbow pain, the pain is always present but hurt more with motion, neck pain with looking up; exam findings revealed cervical extension 20, flexion 40, rotation 70 right 90 left, tender over the lateral and medial epicondyle, diagnoses cervical disc disorders, impingement syndrome of the shoulder, and medical epidondylitis; patient is on modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment/Physiotherapy cervical spine and right upper extremity: 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 Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain guideliens recommended manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of

musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For low back: manual therapy is recommended as an option. For therapeutic care, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 week. For elective/maintenance care, manual therapy is not medically necessary. As for recurrences/flare-ups, patient needs to re-evaluate for treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months. Manual therapy is not recommended for carpal tunnel syndrome, Forearm, wrist & hand, or Knee. The treatment parameters from state guidelines: a) Time to produce effect: 4 to 6 treatments, b) Frequency: 1-2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continue at 1 treatment every other week until the patient had reach plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and document at each treatment session. Injured workers with complicating factors may need more treatment, if documented by the treating physician. In this case, reviewed of medical records show that this patient had received 6 chiropractic treatments for her current injuries. However, there is no evidence of objective functional improvements documented. Based on the MTUS guidelines, the request for additional chiropractic treatments is not medically necessary.