

Case Number:	CM13-0053943		
Date Assigned:	12/30/2013	Date of Injury:	07/14/2006
Decision Date:	03/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

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 Family Practice and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 07/14/2006 due to cumulative trauma that caused injury to multiple body parts. Her treatments have included physical therapy, chiropractic care, medications, and a TENS unit. The patient's most recent clinical evidence of the hands revealed nonspecific tenderness in both hands. Evaluation of the bilateral shoulders revealed nonspecific tenderness in the bilateral shoulders with a positive impingement sign bilaterally and tenderness to palpation of the supraspinatus and infraspinatus on the right side. Evaluation of the wrists revealed nonspecific tenderness to the bilateral wrists with a positive bilateral Phalen's test, Tinel's sign, and Finkelstein's test. Evaluation of the cervical spine revealed tenderness to palpation along the cervical paravertebral musculature with numbness with cervical distraction. Evaluation for the thoracic spine revealed tenderness to palpation along the paraspinal musculature. Evaluation of the lumbar spine revealed a positive Valsalva and Braggard's test bilaterally and a positive straight leg raising test bilaterally with tenderness to palpation along the paraspinal musculature. The patient's diagnoses included cervical sprain, thoracic sprain, lumbar sprain, myalgia, and pain in joint. The patient's treatment plan included continued physiotherapy and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the right shoulder, cervical/thoracic/lumbar spine and carpal tunnel (18 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The requested chiropractic therapy is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend chiropractic therapy for acute exacerbations of a patient's chronic pain for 1 to 2 visits. The clinical documentation submitted for review does provide evidence that the patient had a positive response to previous chiropractic care treatments. Therefore, continued chiropractic treatment for acute exacerbations of back pain would be appropriate for this patient. The requested 18 visits exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally the request includes multiple body parts. California Medical Treatment Guidelines do not support the use of manual manipulation for Carpal Tunnel Syndrome. As such, the request for 18 chiropractic visits for the right shoulder, cervical spine, lumbar spine, carpal tunnel, and thoracic region is not medically necessary or appropriate.