

Case Number:	CM13-0056260		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2013
Decision Date:	03/31/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/22/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 06/10/2013. The patient reportedly developed neck and shoulder pain gradually over time while working as a bus driver. The patient is currently diagnosed with cervical musculoligamentous sprain, thoracic musculoligamentous sprain, lumbar musculoligamentous sprain, bilateral shoulder subacromial bursitis, bilateral elbow cubital tunnel syndrome, bilateral wrist De Quervain's tenosynovitis, bilateral wrist overuse flexor/extensor tendonitis, bilateral carpal tunnel syndrome, and history of stomach upset. The patient was seen by [REDACTED] on 10/30/2013 for a Doctor's First Report of Occupational Injury or Illness. Physical examination revealed tenderness to palpation with muscle guarding and spasm in the cervical spine and lumbar spine, decreased range of motion with tenderness to palpation of bilateral upper extremities, positive cross arm testing bilaterally, positive cubital Tinel's testing, positive Tinel's and Finkelstein's testing in bilateral wrist, positive Yeoman's testing, and decreased sensation. Treatment recommendations included chiropractic therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, 2X/WK X 6WKS, Body part unspecified: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the spine is recommended in a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the patient does demonstrate decreased range of motion and tenderness to palpation over multiple areas of the body. The specific body part was not addressed in the current request. Additionally, the request for 12 sessions of chiropractic therapy exceeds guideline recommendations. Based on the clinical information received, and the California MTUS Guidelines, the request is non-certified.