MAXIMUS Federal Services

Case Number:	CM13-0056503		
Date Assigned:	01/15/2014	Date of Injury:	08/05/2013
Decision Date:	05/23/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/22/2013

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:

The patient is a 50 year old female who was injured on 12/16/2013 while she picked up a heavy cable box at work and noted acute pain from her right wrist up to her right shoulder and felt a sharp pain in her neck, shoulder, forearm and wrist. Prior treatment history has included 24 visits of physical therapy, 10 visit of exercises and 4 visits of chiropractic treatment 10/31/2013 to 12/16/2013, all of which provided her moderate relief. She also received acupuncture for two visits. Diagnostic studies reviewed include EMG/NCV of the right wrist/forearm performed in [redacted] on 10/2013 that reportedly was negative. Initial Evaluation Report dated 12/16/2013 documented the patient to have complaints of pain in the right shoulder, forearm and right wrist with radiation to the right arm. She rates the severity of her pain as 6-7, but as 7 at its best and 9 at its worst. The pain is relieved with rest, application of heat and ice, bracing and physical therapy. With regard to functional limitations during the past month, the patient avoids going to work, physically exercising, performing household chores and driving because of her pain. Objective findings on exam included examination of the cervical spine reveals rang eof motion full in all planes of the cervical spine. There is no spinous process tenderness or masses palpable along the cervical spine. There is negative Spurling's maneuver bilaterally. Examination of the right shoulder reveals range of motion to forward flexion is 100 degrees, abduction 100 degrees, external rotation 45 degrees, internal rotation 50 degrees and extension is 15 degrees. There is tenderness to palpation over the anterior aspect of the shoulder. Motor strength is 5/5 and symmetric throughout the bilateral upper extremities, except 4+/5 on right shoulder abduction, right wrist flexion and right wrist extension and 4/5 on right grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 TIMES WEEK FOR 4 WEEKS TO RIGHT SHOULDER, ELBOW, HAND, WRIST AND NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Section Page(s): 58-59.

Decision rationale: The CA MTUS guideline, pages 58-59, recommends an initial trial 6 sessions of Chiropractic therapy prior to proceeding with additional treatments. Based on the guidelines, prior to continuing to additional treatments, they must have been clear measurable improvements in functional capacity. The documents do not reflect any such improvements nor does the record state what measurable functional improvement would be gained by continued treatment as the guideline mandate. Additionally, Chiropractic therapy is not recommended for forearm, wrist or hand. Given this, the request does not meet the guidelines and is therefore not medically necessary.