

Case Number:	CM13-0061400		
Date Assigned:	04/28/2014	Date of Injury:	07/02/2013
Decision Date:	07/15/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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 Board Certified in Chiropractic, and is licensed to practice in Texas and 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 injured worker is a 53 year old male injured on July 7, 2013. The mechanism of injury is not stated. The injured worker complains of pain to the neck, right side of lower back, right shoulder, right elbow and right wrist. The clinical report dated September 4, 2013 noted the injured worker is under active consideration for surgical intervention for the cervical spine. Clinical findings noted that cervical/axial loading compression test and Spurling's test were positive in the cervical spine, as well as painful and restricted range of motion, dysesthesia at the C6 and C7 dermatomes. The right shoulder had a positive Hawkins impingement sign and pain with terminal motion. The right elbow had a positive Tinel's sign and pain on flexion. The right wrist had a positive compression test subsequent to Phalen's maneuver and reproducible symptomatology in the median nerve distribution, right side greater than left. The lumbar spine was with positive seated nerve root test and dysesthesia at the L5-S1 dermatomes. A clinical note dated October 24, 2013 noted same findings. No special study reports were included. Treatment to date is not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY-CHIROPRACTIC (WITH DEEP TISSUE MASSAGE) 2 TIMES A WEEK FOR 4 WEEKS FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG-TWC Neck & Upper Back chapter, Manipulation.

Decision rationale: There are no red-flags or compelling rationale why the standard trial of six sessions, outlined in the Official Disability Guidelines, should be exceeded and would not be an adequate measure to assess the effectiveness of initial care. The clinical findings from the treating physician dated September 4, 2013 and October 24, 2013 substantiate medical necessity of a trial of conservative care, which would include the recommended six sessions. Based on the clinical findings and the Official Disability Guideline recommendation, the proposed chiropractic treatment is not medically necessary.