

Case Number:	CM13-0063394		
Date Assigned:	12/30/2013	Date of Injury:	12/01/2005
Decision Date:	03/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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:

According to the available medical records, this is a 53 year old female patient with chronic neck and wrist pain, date of injury 12/01/2005. Previous treatments include wrist brace, paraffin wax, chiropractic, massage therapy, bilateral carpal tunnel syndrome surgeries, medications and physical therapy. Progress report dated 11/04/2013 by [REDACTED] revealed continue neck pain, bilateral shoulder pain, right hand and wrist on/off pain; exam revealed C/S tenderness and pain palpation, limited ROM with pain, muscle spasm, bilateral shoulders pain, limited ROM, scar of surgery on right wrist; diagnoses C/s sp/st with radiculopathy, tendinitis bilateral shoulders, status post op. bilateral CTS, history of thoracic outlet syndrome, anxiety and distress; patient has had 3 chiropractic visits in October. Progress report dated 10/15/2013 by [REDACTED] revealed intermittent pain in the left region of the neck and stiffness which is increased by rotating the head left, 3/10, intermittent pain in the left shoulder joint and pain across the left shoulder, 4/10, intermittent pain in both wrists 4/10, the symptom seem to be grasping and prolonged use of hands, pain radiates into the fingers; exam findings include neck flexors on the right +4, trapezius on the left good +4, Jackson's Compression for nerve root compression positive bilateral, max. compression for cervical nerve root compression positive bilateral, Cervical Distraction for nerve root compression positive bilateral, cervical flexion 55 degree due to dull pain at neck, extension 50, left lat. Flexion 30 due to pain at neck, right lat. Flex 40, left rotation 70 due to dull pain at neck, right rotation 80, posterior cervical revealed moderate tenderness, Trapezius revealed moderate tenderness, suboccipital revealed moderate tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional chiropractic care/massage sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chiropractic: Number of Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: Review of the available medical records show this patient has had 3 chiropractic treatments in October with no evidence of objective functional improvement. CA MTUS guideline do not recommend chiropractic manipulation for chronic wrist pain either. Based on the guideline cited above, the request for 6 additional chiropractic/massage therapy for the neck and wrist is therefore, not medically necessary.