

Case Number:	CM13-0069087		
Date Assigned:	01/03/2014	Date of Injury:	07/08/2010
Decision Date:	04/01/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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 licensed in Chiropractic and Acupuncture, 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 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 injured worker is a 53 year old female who reported neck, bilateral shoulder, low back pain from injury sustained on 7/8/10. MRI revealed fracture of left capitate; bilateral shoulder impingement and supraspinatus tear. Patient was diagnosed with cervical and lumbar discopathy; bilateral carpal tunnel syndrome and osteochondritis dessican of right elbow. Patient has been treated with medication, physical therapy and chiropractic. Number of chiropractic visits is unknown; she was treated from 8/19/13-9/11/13. Per chiropractic progress notes dated 9/11/13, she was "improving with treatment". Primary treating physician is requesting 8 additional chiropractic visits. Per notes dated 10/15/13, patient has persistent pain of the neck that radiated to the upper extremities with numbness and tingling; the symptomology has not changed significantly. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. Patient hasn't had any long term symptomatic or functional relief with chiropractic care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for chiropractic therapy treatment to the thoracic, lumbar spine, and left and right shoulder for 8 sessions, 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: Per the guideline, Page 58-59 "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". The patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.