

Case Number:	CM14-0003662		
Date Assigned:	01/31/2014	Date of Injury:	12/13/2011
Decision Date:	06/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 35-year-old female who reported an injury on December 13, 2011. The mechanism of injury was reported to be repetitive motion. Per the comprehensive evaluation dated September 12, 2013, the injured worker was reported to have full, painless range of motion of the cervical spine, with a negative head compression test. The injured worker was found to have positive Neer's and Hawkins impingement signs to the right shoulder. The injured worker was reported to have no tenderness over the cubital tunnel, a negative Tinel's sign over the ulnar nerve and no evidence of ulnar nerve subluxation. The injured worker was found to have a negative Tinel's sign over the antecubital fossa and no pain with restricted flexion and supination of the elbow. A negative Tinel's sign was reported over the radial nerve at the level of the supinator, with no pain with resisted pronation or supination of the forearm. Active range of motion for the right wrist and hand were all within normal limits. Muscle strength and reflexes were normal. Per the progress note dated November 25, 2013, the injured worker reported pain at her elbow on the right arm, pain with range of motion and chronic pain and discomfort with regards to the cervical spine, radiating down throughout her right upper extremity. On physical exam, the injured worker was found to have a positive Tinel's and positive Phalen's on the right wrist. The injured worker was also reported to have positive paraspinal muscle tenderness to the cervical spine as well as painful range of motion. The injured worker was noted to have a negative drop arm and negative empty can test. Electrodiagnostic studies dated April 2012 reported a normal EMG and nerve conduction test. The diagnoses for the injured worker were reported to include a cervical sprain, thoracic sprain, lumbar sprain and tenosynovitis of the wrist. The Requests for Authorization for Medical Treatment for the chiropractic therapy 2 times a week for 6 weeks and the MRI without contrast of the cervical spine were dated December 16, 2013. The provider's rationale for the chiropractic therapy was that the injured worker had

attended chiropractic treatment for over a year and a half and reported some decrease in pain and increase in functioning. There was no rationale provided for the MRI without contrast of the cervical spine. The injured worker had previously had chiropractic treatments and participates in a home based exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR THERAPY 2 TIMES PER WEEK X 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHIROPRACTICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The California MTUS Guidelines recommend manual therapy 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Recommended time to produce effect is 4 to 6 treatments with a frequency of 1 to 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. Maximum duration of 8 weeks; however, extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. There is documentation stating the injured worker had attended chiropractic sessions previously with mild relief of symptoms; however, there is a lack of documentation regarding the number of visits previously attended and the duration of those visits. In addition, there is a lack of clinical documentation regarding the objective outcome of the previous chiropractic sessions. The guidelines recommend reduction of treatments with more self-therapy; however, there is a lack of documentation regarding a home based exercise program. In addition, the request is lacking documentation regarding the body location for the chiropractic therapy. The request is not medically necessary.

MAGNETIC RESONANCE IMAGE WITHOUT CONTRAST OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL ENVIRONMENTAL MEDICINE, CHAPTER 8, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS Guidelines state criteria for ordering imaging studies are as follows, emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. The documentation noted positive Phalen's and Tinel's tests on the right hand/wrist; however, the electrodiagnostic studies provided reported normal findings. The documentation dated September 12, 2013 reported the injured worker had full, painless range of motion of the cervical spine, with a negative head compression test. There was a lack of neurological deficits related to the cervical spine that would support the need for an MRI. The request is not medically necessary.