

Case Number:	CM14-0005698		
Date Assigned:	02/05/2014	Date of Injury:	10/22/2012
Decision Date:	06/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 54 year old female with a reported date of injury on 10/22/2012. The mechanism of injury was reported as continuous typing. The injured worker complained of constant moderate cervical stiffness, bilateral wrist and hand stiffness and achiness. In addition, the injured worker complained of discomfort and ache in bilateral elbows. According to the documentation provided the injured worker complained of barely being able to grasp, grip, type and write. According to the clinical note dated 10/24/2013, the injured worker rated her pain at 2/10. According to the clinical note dated 12/10/2013 the injured worker completed 6 sessions of conservative therapy visits. The injured worker's cervical range of motion was reported at flexion to 40/55 degrees, extension to 35/45 degrees, left bending to 30/40, degrees right bending to 30/55 degrees, left rotation 60/80 degrees and right rotation to 65/80 degrees. The injured worker's elbow range of motion was reported as right and left flexion to 140/140 degrees and right and left supination to 70/90 degrees. The injured worker's wrist and hand range of motion was reported as left flexion to 70/85 degrees, right flexion to 37/85 degrees, left extension to 21/80 degrees, and right extension to 34/80 degrees. According to the clinical note dated 01/13/2014 the injured worker had positive bilateral shoulder depression, and positive Cozen's test bilaterally, as well as positive Tinels sign in the ulnar nerve bilaterally. The injured worker's diagnosis included cervical disc herniation with myelopathy, carpal tunnel syndrome, lesion of ulnar nerve bilaterally, tendinitis, medial and lateral epicondylitis of the bilateral elbows, depression, insomnia, anxiety, tension headaches and gastro esophageal reflux. The request for authorization for physical medicine 6 sessions to include electrical stimulation to the neck and bilateral elbows, infrared to the neck and bilateral elbows. Paraffin to the bilateral hands, therapeutic activities to bilateral wrists for stretches and chiropractic manipulative therapy to the neck, myofascial release to the neck and bilateral forearms was submitted on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE X 6 SESSIONS TO INCLUDE ELECTRICAL STIMULATION TO THE NECK AND BILATERAL ELBOWS, INFRARED TO THE NECK AND BILATERAL ELBOWS, PARAFFIN TO THE BILATERAL HANDS, THERAPEUTIC ACTIVITIES TO BILATERAL WRISTS FOR STRETCHES: 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, MANUAL THERAPY/MANIPULATION,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The CA MTUS guidelines state that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The injured worker is not in the acute phase at this time. In addition, according to the clinical information provided for review the injured worker completed 6 sessions of conservative therapy and there is a lack of documentation regarding increased functional ability and decreased pain related to the previous therapy. Furthermore, there was a lack of documentation regarding new symptoms that would suggest further therapy. The rationale for additional therapy was unclear. Therefore, the request for physical medicine 6 sessions to include electrical stimulation to the neck and bilateral elbows, paraffin to the bilateral hands, therapeutic activities to bilateral wrist for stretches is not medically necessary.

CHIROPRACTIC MANIPULATIVE THERAPY TO THE NECK, MYOFASCIAL RELEASE TO THE NECK AND BILATERAL FOREARMS: 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, MANUAL THERAPY/MANIPULATION,

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

Decision rationale: The CA MTUS guidelines do not recommend chiropractic care to the forearms. The CA MTUS guidelines do recommend manual therapy and manipulation if caused by musculoskeletal condition. Treatment beyond 4-6 visits should be documented with objective improvement in function. According to the clinical information provided for review the injured worker completed 6 sessions of conservative therapy. There is a lack of documentation regarding increased functional ability and decreased pain related to the previous therapy. In addition, there was a lack of documentation regarding new symptoms that would suggest further therapy. The

rationale for additional therapy was unclear. Therefore the request for chiropractic manipulative therapy to the neck, myofascial release to the neck and bilateral forearms is not medically necessary.