

Case Number:	CM14-0005724		
Date Assigned:	02/05/2014	Date of Injury:	12/20/2012
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
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 and Rehabilitation, and is licensed to practice in Texas. 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 26 year old female with a reported date of injury on 12/20/2012. The worker was injured when a resident grabbed her by both arms and shook her very hard. The injured worker had a complaint pain to the neck, left shoulder, arm, wrist, hand and thumb pain. The injured worker had numbness in the thumb, ringing in the ears, and headaches. The injured worker had limited cervical flexion, pain with all range of motion, spasms, limited left shoulder range of motion, and a positive impingement test. The injured worker also had reduced left grasping strength. The injured worker was diagnosed with cervical sprain/strain, w/radicular features, cephalgia, right shoulders and hand sprain/strain, L-MED, epicondylitis, and left wrist sprain/strain. The injured workers medical doctor stated she was a good candidate for chiropractic care and had not received any chiropractic care. The provider recommended the injured worker seek referral for pain management. The request for authorization was submitted on 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

Decision rationale: The request for a pain management consultations is non-certified. The injured worker had complaints of pain to the neck, left shoulder, arm, wrist, hand and thumb pain. Numbness in the thumb ringing in the ears and headaches. The injured worker had limited cervical flexion with pain in all planes, spasms, limited left shoulder range of motion, and impingement test was positive. The injured worker had reduced left grasping strength. The California MTUS guidelines note consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The provider noted opioid medications were not attempted as he was unable to prescribe them; however, the injured workers prior courses of conservative care were unclear within the medical records. There was a lack of documentation indicating other medication or conservative care has been attempted. The request for pain management consultation is not medically necessary.

CHIROPRACTIC TREATMENTS 2X4 (8 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request Chiropractic treatments 2x4 (8) sessions is non-certified. The injured worker had complaints of pain to the neck, left shoulder, arm, wrist, hand and thumb pain. Numbness in the thumb, ringing in the ears, and headaches. The injured worker had limited cervical flexion with pain in all planes, spasms, limited left shoulder range of motion, and impingement test was positive. The injured worker had reduced left grasping strength. The California MTUS guidelines recommended chiropractic care 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The guidelines note chiropractic care for the forearm, wrist, & hand are not recommended. The injured worker had limited cervical flexion with pain in all planes, spasms, limited left shoulder range of motion, and impingement test was positive. The injured worker had reduced left grasping strength. The injured workers prior courses of conservative care were unclear within the medical records. The site at which the requested treatment was to be administered was not indicated within the request. There was a lack of documentation indicating the injured worker had significant functional deficits. The decision Chiropractic treatments 2x4 (8) sessions is not medically necessary and appropriate.