

Case Number:	CM14-0100498		
Date Assigned:	07/30/2014	Date of Injury:	02/11/2013
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 Chiropractic, has a subspecialty in 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 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 51 year old female who reported neck and upper extremity pain from injury sustained on 02/11/13 due to cumulative trauma of repetitive computer work. There were no diagnostic imaging reports. Patient is diagnosed with cervical sprain/strain; cervical radiculopathy; shoulder impingement; wrist tendinitis and bursitis. Patient has been treated with carpal tunnel release surgery, medication, therapy and chiropractic. Per medical notes dated 03/14/14, patient complains of bilateral wrists and hand pain. She states the pain is more intense when she is active; less pain at rest. Pain is sharp, moderate, and intermittent with some weakness, numbness, swelling and pain radiates into bilateral wrists and hands. Per medical notes dated 03/27/14, patient complains of neck pain radiating into upper extremity. She also has left shoulder pain with decreased range of motion and weakness. Examination revealed decreased grip strength, spasm, tenderness and guarding in the paravertebral musculature of cervical spine with decreased range of motion. Per medical notes dated 05/08/14, patient continues to complain of neck pain, bilateral shoulder pain and bilateral wrist pain. Examination revealed spasm, tenderness, guarding in the paravertebral muscles of cervical spine along with decreased range of motion. Patient is working on modified duty. She states that chiropractic treatment helped her to reduce her pain, increase her functional capacity and help reduce the need for taking oral pain medication, however, at this time, her pain has reoccurred and she continues to be symptomatic. Previous chiropractic progress notes were not submitted for review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment: 12 Additional Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". 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. 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". Patient has had prior chiropractic treatment. Per medical notes dated 05/08/14, she states that treatment helped her to reduce her pain, increase her functional capacity and help reduce the need for taking oral pain medication, however, at this time, her pain has reoccurred and she continues to be symptomatic. Previous chiropractic progress notes were not submitted for review. Medical records discuss functional improvement but nit in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Additionally, requested visits exceed the quantity of chiropractic visits supported by the cited guidelines as the patient has already had 12 chiropractic treatments and the provider is requesting additional 12 treatments (guidelines support up to 18 treatments). 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. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per review of evidence and guidelines, 12 Chiropractic visits are not medically necessary.