

Case Number:	CM14-0104589		
Date Assigned:	07/30/2014	Date of Injury:	01/01/2011
Decision Date:	11/04/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 38-year-old female with an 1/1/11 date of injury, and left carpal and cubital tunnel decompression on 2/26/14. At the time (6/13/14) of the Decision for Additional Chiropractic Physiotherapy 2x3 Lft Wrist/Elbow and MRI ScanSpine, there is documentation of subjective (right shoulder/upper extremity pain, right sided neck discomfort, and numbness/tingling over digits of both hands) and objective (tenderness over right shoulder and right paracervical region, positive bilateral cubital tunnel compression test, and decreased sensory exam over 4th and 5th digits of both hands) findings, current diagnoses (bilateral shoulder tendinopathy, bilateral ulnar neuritis, and bilateral carpal/cubital tunnel syndrome), and treatment to date (medications and at least 18 sessions of chiropractic physiotherapy treatment). Medical report identifies a request for Cervical MRI. Regarding additional Chiropractic Physiotherapy 2x3 Lft Wrist/Elbow, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of chiropractic physical therapy provided to date; and a statement of exceptional factors to justify going outside of guideline parameters. Regarding MRI ScanSpine, there is no documentation of plain film radiographs are negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Physiotherapy 2x3 Lft Wrist/Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 20 visits of post-operative physical therapy over 20 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of carpal/cubital tunnel syndrome. In addition, there is documentation of status post carpal/cubital tunnel decompression on 2/26/14 and 18 sessions of post-operative chiropractic physiotherapy sessions completed to date. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of chiropractic physiotherapy sessions provided to date. In addition, the requested additional Chiropractic Physiotherapy 2x3 treatments, in addition to the treatments already completed, would exceed guidelines. Furthermore, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for Additional Chiropractic Physiotherapy 2x3 Lft Wrist/Elbow is not medically necessary.

MRI ScanSpine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter, ACOEM guidelines pgs 177-178 MRI's

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder tendinopathy, bilateral ulnar neuritis, and bilateral carpal/cubital tunnel syndrome. In addition, given documentation of subjective (pain and numbness) and objective (motor and sensory changes) findings, there is documentation of physiologic evidence

(in the form of definitive neurological findings on physical examination). Furthermore, there is documentation of failure of conservative treatment. However, there is no documentation of plain film radiographs are negative. Therefore, based on guidelines and a review of the evidence, the request for MRI ScanSpine is not medically necessary.