

Case Number:	CM14-0104826		
Date Assigned:	07/30/2014	Date of Injury:	04/10/2014
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
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 Chiropractic 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 patient is a 59 year old male who has experienced cumulative trauma injuries to his head, neck, low back, right shoulder, right arm, right wrist and fingers on 4/10/2014. Per Primary Treating Physician's PR-2 Report symptoms are reported as follows: "The patient complains of pain in the neck, low back and right shoulder. He also complains of pain and numbness in the right wrist. He also complains of radiculopathy to the lower extremities. He has numbness and tingling over the bilateral legs to his lower legs." The patient has been treated with medications, physical therapy and chiropractic care. Diagnoses assigned by the PTP per the UR review report are cervical musculoligamentous strain with sprain with radiculitis, lumbosacral musculoligamentous strain and sprain with radiculitis, right shoulder sprain and strain, right wrist sprain and strain and rule out right wrist carpal tunnel syndrome. The patient has been referred for MRI and NCV/EMG. There are no results for these studies in the records. The PTP is requesting 12 chiropractic care sessions to the neck, low back, right shoulder and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 6wks Cervical/Lumbar Spine and RT Shoulder/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Manual Therapy and Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back, Shoulder and Wrist and Arm Chapters, Manipulation Sections.

Decision rationale: The patient has received chiropractic care in the past for his current injuries, however there must be evidence of objective functional improvement and re-evaluations to support the effectiveness of chiropractic care per the MTUS. The MTUS ODG Shoulder, Neck & Upper Back and Low Back Chapters for Recurrences/flare-ups state :Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care. The MTUS does not recommend manipulation for the wrist. The MTUS-Definitions page 1 defines functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment. The records provided by the primary treating physician do not show objective functional improvements with prior chiropractic treatments rendered. There are no objective findings listed in the PR2 reports. The chiropractic treatment records are not present in the materials provided. The 12 Chiropractic Sessions requested to the neck, low back, right shoulder and right wrist is not medically necessary and appropriate.