

Case Number:	CM14-0012772		
Date Assigned:	02/24/2014	Date of Injury:	03/05/2008
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	01/31/2014

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 a licensed Doctor of 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 injured worker is a 39 year old female who was injured in cumulative trauma injuries dated 03/05/2007 to 03/05/2008 and 06 20/2012 to 06/20/13 while working with computers and data entry. This required a lot of repetitive activity with her arms, forearms, wrists and hands with pain in her neck. Diagnosis: Cervical strain, Bilateral carpal tunnel syndrome, Shoulder tendonitis and calcific tendonitis. On 9/20/2013 an MRI of the Cervical spine revealed; C5-C6 mild disc loss with diffuse disc bulging, and C6-C7 minimal disc height loss with minimal disc bulging. On 7/31/2013 and EMG/NCV revealed bilateral carpal tunnel syndrome, moderate. Treatment received from the medical doctor, injection, medications and physical therapy to include arm and wrist braces. She was placed on modified work duty. The medical doctor is requesting 3 X 4 chiropractic manipulations to the cervical and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR 3 TIMES A WEEK FOR 4 WEEKS CERVICAL AND BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation 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 for the low back is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6 to 8 weeks. Elective/maintenance care - not medically necessary. Recurrences/flare-ups - need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. According to the MTUS Chronic Pain Guidelines chiropractic manipulation is not recommended for Carpal tunnel syndrome and the Forearm, Wrist, and Hand and therefore the request for 3 X 4 is denied. The request for Cervical spine manipulation of 3 X 4 does not follow the MTUS Chronic Pain Guidelines and is therefore not medically necessary.