

Case Number:	CM14-0016942		
Date Assigned:	04/11/2014	Date of Injury:	06/19/2013
Decision Date:	05/08/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 licensed in Chiropractic Services 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 34 year old female who sustained injuries to her neck and left forearm on 6/19/2013 while performing her duties as a receptionist. Per the PTP chief complaints are "moderate intermittent left forearm, wrist and neck pain." Patient has been treated with medications, physical therapy, acupuncture, wrist injection, splint for the wrist, home exercise program and chiropractic care. X-rays of the left wrist have been normal. MRI study of the cervical spine shows a 1-2 mm disc protrusion at C5-6 and Nerve Conduction Velocity (NCV) studies of the cervical spine have been negative per PTP's progress report dated 8/2/13. Electromyography (EMG)/NCV studies of the wrists provided in the records have been positive for clinical left carpal tunnel syndrome. Diagnoses assigned by the PTP are carpal tunnel syndrome, strain/sprain of forearm and elbow, tenosynovitis of hand and wrist and neck sprain/strain. The PTP is requesting an additional of 6 chiropractic sessions to the cervical spine and left upper arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 X 3 LEFT NECK AND LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK CHAPTER, MANIPULATION SECTION OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:MTUS DEFINITIONS PAGE 1

Decision rationale: This patient suffers from a chronic injury to her neck, forearm and wrists. Per the records provided she is working modified duty. The PTP's PR2 reports provided for review present no objective functional improvement with the chiropractic care rendered. 735 pages of records were reviewed by this IMR reviewer and yet there were no chiropractic records available to present with documentation of chiropractic care. Patient has received several sessions of chiropractic care in 2013 per the PTP's PR-2 reports. MTUS ODG Neck Chapter allows for additional chiropractic care for flare-ups pending documentation of objective functional improvement. In the absence of objective functional improvement per MTUS the additional chiropractic care is not warranted. 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." Given that there has been no evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions I find that the request for 6 chiropractic sessions to the neck and left upper extremity to not be medically necessary and appropriate.