

Case Number:	CM14-0119207		
Date Assigned:	08/06/2014	Date of Injury:	10/27/1997
Decision Date:	09/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 Chiropractor 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 an injury on 10/27/1997. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of neck pain, right shoulder pain, and bilateral wrist pain. Past treatment for the injured worker consisted of surgery and chiropractic therapy. The injured worker stated that she did not use pain medications or NSAIDs. There were no pertinent diagnostics submitted for review. The injured worker has undergone left open carpal tunnel release, right open carpal tunnel release, and right arthroscopic SLAP repair and acromioplasty, with mini open rotator cuff repair; dates of surgeries were not documented in submitted report. The injured worker complained of neck pain that she rated at a 7/10. She described it as severe and unbearable. She also described stiffness and aching. The injured worker stated that the symptoms were radiating bilaterally down to the shoulder. They were tight, sore. The injured worker also complained of shoulder pain which she rated at a 4/10. She described it as severe and unbearable. The injured worker stated that she felt the pain and symptoms were getting worse. She rated it a 2/10 bilaterally. Physical examination dated 07/16/2014 revealed that the injured worker had a positive cervical maximum compression test and shoulder depression test. The same report shows that the injured worker had done active range of motion but there were no degrees documented in the submitted report. The treatment plan is for the injured worker to have an additional 6 chiropractic sessions. The rationale and Request for Authorization were not submitted on 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for Chiropractic x 6 is not medically necessary. Physical examination dated 07/16/2014 revealed that the injured worker had a positive cervical maximum compression test and shoulder depression test. The same report shows that the injured worker had done active range of motion but there were no degrees documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. Chiropractic therapy is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. It is recommended for low back. Not recommended for ankle, foot, carpal tunnel syndrome, forearm, wrist, hand, and knee. Treatment parameters from state guidelines stipulate that it takes 4 treatments to 6 treatments to produce effect, 1 time to 2 times per week the first 2 weeks, then treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration of 8 weeks. Given the guidelines above, the injured worker is not within the MTUS Guidelines. The report submitted had no evidence of chronic pain caused by musculoskeletal conditions. Furthermore, the injured worker had already completed sessions of chiropractic therapy with the request of 6 more sessions. The submitted report revealed that the injured worker was still having functional deficits and very severe pain. There was no evidence showing that the injured worker would not benefit from a home exercise program instead of continued chiropractic therapy. Furthermore, there was no evidence of the injured worker having tried and failed conservative therapy, such as any NSAID therapy. The guidelines recommend 1 treatment session per week for 6 weeks. According to the submitted reports, it looks like the injured worker has already attended about 11 sessions with no functional benefit. The request as submitted did not specify a location on the body for the chiropractic therapy. As such, the request for chiropractic therapy x 6 is not medically necessary.