

Case Number:	CM14-0125424		
Date Assigned:	09/26/2014	Date of Injury:	06/03/2001
Decision Date:	11/05/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/07/2014

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 Chiropractor, and is licensed to practice in Texas. 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 49-year-old female who reported a work related injury on 06/03/2001. The mechanism of injury was not provided for review. Medications, surgical history, diagnostics, and other therapies were not provided for review. The injured worker's diagnoses consist of shoulder impingement syndrome and bilateral wrist carpal tunnel syndrome. Upon examination on 07/11/2014, the injured worker complained of neck pain which she rated a 7/10, bilateral shoulder pain which she rated as 6/10, left wrist pain rated at a 5/10, and right wrist pain as a 5/10 on the VAS pain scale. It was noted that the injured worker had persistent tenderness to the shoulders, cervical spine, and bilateral wrists, with restricted range of motion. The treatment plan consisted of chiropractic therapy 2 times a week for 4 weeks to the bilateral shoulders and bilateral wrists. The rationale for the request was not submitted for review. A Request for Authorization form was submitted for review on 09/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times per week for 4 weeks bilateral shoulder, bilateral wrist: Upheld

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

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

Decision rationale: The request is not medically necessary. The California MTUS may recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions to achieve objective measurable gains in functional improvement and facilitate progression in the injured worker's therapeutic exercise program. When appropriate, the time to produce effect with manual therapy is 4 treatments to 6 treatments, and the guidelines specify that, if chiropractic treatment is going to be effective, there should be some outward signs of subjective or objective improvement within the first 6 visits. Additionally, the guidelines do not recommend the use of manual therapy and manipulation for injured workers with wrist complaints. Furthermore, the documentation submitted for review did not address previous conservative care. Additionally, as the guidelines recommend an initial trial of 4 visits to 6 visits only to produce effect, the request for chiropractic care 2 times a week for 4 weeks would exceed the recommendations for initial manual therapy. As such, the request for Chiropractic 2 times per week for 4 weeks bilateral shoulder and bilateral wrist is not medically necessary.