

Case Number:	CM14-0128824		
Date Assigned:	09/26/2014	Date of Injury:	09/24/2010
Decision Date:	12/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/12/2014

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 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:

According to the available medical records, this is a 55 year old female with chronic pain in the neck, low back, wrists, and left knee, date of injury is 06/10/2010. Previous treatments include medications, physical therapy, chiropractic, and trigger point injections. Treating doctor's initial evaluation dated 06/16/2014 revealed patient complains of frequent moderate to severe dull, achy neck pain, stiffness, heaviness, and weakness radiating to bilateral upper extremities with numbness, tingling and weakness, 5/10 dull achy sharp low back pain radiating to the legs with numbness, tingling and weakness becoming severe 9/10, intermittent to frequent mild to moderate dull and achy left wrist pain radiating to all 5 digits with tingling and weakness, frequent moderate to severe dull and achy right wrist pain radiating to all 5 digits with tingling and weakness, frequent moderate to severe dull and achy left knee pain, stiffness, heaviness and weakness, loss of sleep due to pain, stress. Objective findings include +3 tenderness of the cervical paravertebral muscles and bilateral trapezii, cervical range of motion (ROM) decreased and painful, shoulder depression test causes pain bilaterally, +3 tenderness of the lumbar paravertebral muscles, lumbar ROM decreased and painful, Kemp's causes pain bilaterally, +3 tenderness to palpation of the dorsal wrist and volar wrist, ROM decreased and painful, Phalen's causes pain, +3 tenderness of the anterior knee, medial knee, and lateral knee, left knee ROM decreased and painful, McMurray's cause pain. Diagnoses include cervical sprain/strain, myospasm, lumbar sprain/strain, bilateral wrists sprain/strain, rule out (r/o) bilateral wrists internal derangement, left knee sprain/strain, status post-surgical left knee, r/o left knee internal derangement, sleep loss secondary to pain. The patient is on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two to three times per week for six weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant presents with chronic pain in the neck, low back, bilateral wrists, and left knee. According to MTUS guidelines, a trial of 6 chiropractic treatments over 2 weeks is recommended for chronic low back pain, with evidences of objective functional improvements, up to 18 visits over 6-8 weeks. While MTUS guideline do not recommend chiropractic treatments for the wrists and knee, the request for 18 chiropractic visits also exceeded the guideline recommendation for the low back. Therefore, this request is not medically necessary.