

Case Number:	CM14-0154113		
Date Assigned:	09/23/2014	Date of Injury:	06/24/2010
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 patient is a 54-year-old female born on 07/28/1960. She has a reported date of injury on 06/24/2010, but no historical information regarding the mechanism of injury was provided for this review. On 03/06/2014, the patient was approved chiropractic care at a frequency of 2 times per week for 4 weeks directed to the cervical spine and right elbow/wrist. The PR-2 of 03/24/2014 is completed in difficult to decipher and mostly illegible handwritten script. The treatment plan included continuing and finishing chiropractic care at a frequency of 2 times per week for 3 weeks. The PR-2 of 05/08/2014 is completed in difficult to decipher and often illegible handwritten script and appears to have been completed by a chiropractor. The record notes cervical spine and possibly right shoulder complaints with no significant change in symptoms after 8 of 8 chiropractic visits. No measured objective factors are reported, and the treatment plan noted discontinues chiropractic as only of short term benefit. The medical provider's PR-2 of 08/20/2014 is completed in difficult to decipher and essentially illegible handwritten script. The record appears to report cervical spine and other illegible complaints. The objectives appear to report findings regarding the elbow and right shoulder, but the handwritten script is essentially illegible. Diagnoses appear to be numerically noted as 847.0, 723.4, 722.0, 721.0, 840.9, 726.1, 726.3, and 727.0? There is a recommendation for chiropractic care at a frequency of 2 times per week for 6 weeks. On 08/22/2014, the medical provider requested authorization for in-house chiropractic care at a frequency of 2 times per week for 6 weeks directed to the cervical spine, right shoulder, right elbow, and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to cervical spine, bilateral shoulders, and right wrist; two times a week for six weeks: 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 Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/Official Disability Guidelines (ODG) Chiropractic Guidelines, updated 08/04/2014; Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, updated 08/27/2014.

Decision rationale: The request for 12 chiropractic treatment sessions to the cervical spine, bilateral shoulders and right wrist at a frequency of 2 times per week for 6 weeks is not supported to be medically necessary. MTUS does not support medical necessity for chiropractic care in the treatment of wrist complaints. MTUS reports manual therapy and manipulation are not recommended in the treatment of carpal tunnel syndrome or in the treatment of forearm, wrist, and hand complaints. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of cervical or shoulder conditions; therefore, MTUS guidelines are not applicable in this case regarding the request for chiropractic care of cervical and shoulder complaints. Because MTUS does not specifically address cervical and shoulder complaints, ODG is also the reference source for this review. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. On 03/06/2014, chiropractic care was approved at a frequency of 2 times per week for 4 weeks directed to the cervical spine and right elbow/wrist. The PR-2 of 05/08/2014 notes no significant change in symptoms after 8 of 8 chiropractic visits. The submitted documentation does not provide evidence of objective functional improvement with at least 8 chiropractic treatment sessions completed, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 12 additional chiropractic treatment sessions to the cervical spine, bilateral shoulders and right wrist at a frequency of 2 times per week for 6 weeks exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.

