

Case Number:	CM14-0180853		
Date Assigned:	11/05/2014	Date of Injury:	04/25/2008
Decision Date:	12/26/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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 claimant is a 57-year-old female who was involved in a work injury on 4/25/2008 in which she injured her neck and upper extremities. On 3/25/2014 the claimant was reevaluated by [REDACTED] for complaints of neck and right upper extremity pain. The report indicated that the claimant was authorized 6 sessions of massage therapy "which she could not find somebody to take the Worker's Comp. insurance in this area." The report further indicated that the claimant has a "history of right upper extremity pain and weakness, right C6 radiculopathy, right ulnar mononeuropathy, right lateral epicondylitis, now right elbow contracture, MRI evidence for right C6-C7 HNP contacting the right C6 nerve root. She continues to be quite weak in the right extremity. However, overall her pain is fairly well controlled; she is able to perform her basic ADLs independently with her pain medication. She is able to carry on activities with her family." The recommendation was for the 6 previously authorized massage therapy treatments to be changed to chiropractic massage. On 9/24/2014 the claimant was reevaluated by [REDACTED] for complaints of neck and upper extremity pain and weakness. The recommendation was for 6 sessions of chiropractic treatment utilizing the CPT code 97250. The CPT code is for myofascial therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care, once a week for six weeks for the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58 and 60.

Decision rationale: The claimant was authorized 6 sessions of massage therapy. Unfortunately the claimant could not find a massage therapist who would take the case under a workers comp case. The provider submitted a request to change the treatment from a massage therapist to massage therapy under a chiropractor. Chiropractors often employ massage therapists who can perform the massage therapy under the license of the chiropractor who is willing to take worker's comp cases. The requested codes were for myofascial release, utilizing CPT code 97250. This is no longer a CPT code but is billable under the California Worker's Compensation system in lieu of CPT code 97140. In summary, this request is essentially to transfer the previously authorized 6 massage therapy treatments from a massage therapist to a chiropractor. Given the clinical findings on examination the 6 treatments are medically necessary.