

Case Number:	CM14-0183991		
Date Assigned:	11/10/2014	Date of Injury:	12/19/2002
Decision Date:	12/18/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia, and Ohio. 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:

This individual is 55 year old female who sustained an industrially related injury on 12/19/02 involving her neck and upper extremities. She has ongoing complaints of constant pain (9/10) in her neck shoulders and wrists/hands. The most recent physical examination provided by the available medical records (9/25/14) notes decreased cervical and thoracic range of motion, decreased sensation in the C6 and C8 dermatomes with normal upper and lower extremity reflexes and strength. The record indicates frequent and prolonged (years) use of chiropractic care. The record notes improvement with its use but includes only limited objective descriptions of this improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation cervical & thoracic spine bilateral shoulders & wrists #6:
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 Official

Disability Guidelines (ODG), Neck and upper back, manipulation; hand forearm and wrist, manipulation

Decision rationale: The ODG provides the following guidance regarding the use of chiropractic manipulation; -Mild up to 6 visits over 2-3 weeks-Moderate trial of 6 visits over 2-3 weeks (with evidence of objective improvement a total of up to 18 visits)-Severe trial of 10 visits over 4-6 weeks (with evidence of objective improvement a total of up to 25 visits)This individual has exceed the recommended treatment duration for neck and upper back chiropractic significantly.Regarding the use of manipulation for hand and wrist symptoms the ODG states it is "Not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies." As such, the request for chiropractic manipulation of the cervical and thoracic spine and bilateral shoulders & wrists is deemed not medically necessary.