

Case Number:	CM14-0023320		
Date Assigned:	06/11/2014	Date of Injury:	03/20/1997
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 an 81 year old female who reported an injury on 04/19/2012 from an unknown mechanism. The injured worker had a history of neck, wrist and cervical pain. The pain level was a 7/10 that is dull and radiates bilaterally down the shoulder. Upon examination on 01/31/2014, the injured worker had decreasing cervical lordosis, pain with range of motion/joint fixation (no degrees available), positive cervical maximum compress test, and positive shoulder depression test bilateral. The injured worker had a diagnosis of neck pain, cervical pain, and wrist pain. The treatments were infrared cervical spine, EMS cervical spine, spine levels adjusted C1; mild and C6; mild. The injured worker also did home exercises, stretches, and heat. The medications were not documented in this report. The treatment plan is for chiropractic 1 times a week times 5 weeks for the cervical spine and bilateral wrists. The request for authorization form and rationale for the request were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 1 TIMES A WEEK TIMES 5 WEEKS FOR THE CERVICAL SPINE AND BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chiropractic treatment, Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic 1 times a week times 5 weeks for the cervical spine and bilateral wrists is non-certified. The injured worker has a history of neck, wrist and cervical pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state the use of manual therapy and manipulation is 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The request is for 5 sessions of chiropractic therapy for the cervical spine and bilateral wrists. The request is for bilateral wrists which is not recommended. The request is in excess of the guidelines recommendations. In addition, there is a lack of documentation of any significant functional deficits on physical examination to warrant therapy at this time. As such, the request is not medically necessary.