

Case Number:	CM14-0025132		
Date Assigned:	06/11/2014	Date of Injury:	10/15/1999
Decision Date:	07/29/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 Acupuncture 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 injured worker is a 63-year-old female with a reported date of injury on 10/15/1999. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with neck pain, left upper extremity pain, and right upper extremity pain rated at 8/10. The documentation provided for review indicated the injured worker underwent EMG/NCS of the upper extremities and MRI of the neck; the results of which were not provided within the documentation available for review. Upon physical examination of the cervical spine, tonicity, spasms, tenderness, tight muscle band and trigger points were noted. Spinous process tenderness was noted on C4, C5, C6, and C7. In addition, the injured worker presented with positive Spurling's maneuver. The bilateral wrists presented with swelling and positive Tinel's sign. The sensory exam was noted to be intact from C2 to S2 bilaterally. The cervical spine range of motion revealed flexion to 60 degrees, extension to 60 degrees, bilateral lateral bending to 30 degrees, left rotation to 40 degrees, and right rotation to 50 degrees. Left wrist range of motion revealed flexion to 60 degrees, extension to 60 degrees, radial deviation to 20 degrees, and ulnar deviation to 30 degrees. Previous physical therapy and conservative care was not provided with the documentation available for review. The injured worker's diagnoses included occipital neuropathy, musculotendinoligamentous injury of the cervical spine and cervical spine disc bulging, adjustment reaction with depression and anxiety, chronic pain and disability with delayed functional recovery, bilateral carpal tunnel syndrome in the wrists, rotator cuff tendonitis, and insomnia. The injured worker's medication regimen included Neurontin 800 mg, Flexeril, Klonopin, Norco, and Wellbutrin. The request for authorization for chiropractic 3 x 4 neck and left wrist was submitted on 02/19/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x 4 neck and left wrist: 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 Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in treatment of musculoskeletal pain. The intended goal or affect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The California MTUS Guidelines do not recommend wrist manual therapy and manipulation. In addition, the guidelines indicate the time to produce effect is 4 to 6 treatments, with a frequency of 1 to 2 times per week. In the first 2 weeks as indicated by the severity of the condition, treatment may continue as 1 treatment per week for the next 6 weeks. Maximum duration would be 8 weeks. At week 8, patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The clinical information provided for review lacks documentation related to the injured worker's previous physical therapy and chiropractic care and the therapeutic and functional benefit. In addition, the guidelines do not recommend wrist chiropractic therapy. Furthermore, the guidelines recommend a time to produce effect is 4 to 6 treatments with a frequency of 1 to 2 times per week. The request for 12 additional chiropractic sessions exceeds the recommended guidelines. Therefore, the request for chiropractic 3 x 4 neck and left wrist is not medically necessary.