

Case Number:	CM14-0028933		
Date Assigned:	06/16/2014	Date of Injury:	03/13/2012
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 53-year-old female who sustained injuries to her right hand, wrist and shoulder on 3/13/2012. The mechanism of injury is not provided. Chief complaints as reported by the treating physician are "stiffness of the arm, shoulder and hand." Patient has been treated with medications, physical therapy, stellate ganglion block, home exercises and chiropractic care (7 sessions). EMG/NCV (Electromyography / Nerve Conduction Velocity) studies/reports are not available in the records provided for review. Diagnoses assigned by the treating physician are stiffness of the hand, right shoulder adhesive capsulitis and tendinitis and complex regional pain syndrome right upper extremity. The PTP (Primary Treating Physician) is requesting 8 additional sessions of chiropractic care to the right shoulder, right wrist and right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC CARE TWICE A WEEK FOR FOUR (4) WEEKS TO RIGHT SHOULDER, HAND AND WRIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist & Hand And

Shoulder Chapters, Manipulation Section, Definitions, Page 1 and Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11.

Decision rationale: The patient has completed 7 prior chiropractic sessions as reported in the records by the PTP (Primary Treating Physician). The PTP also states that the patient's disability has been extended. The MTUS Chronic Pain Medical Treatment Guidelines do not recommend manipulation for the wrist and hand. The MTUS does recommend manipulation for the shoulder contingent upon evidence of objective functional improvement. Upon review of the one PR-2 reports included in the records, objective functional improvement with the ongoing prior chiropractic care rendered has not been demonstrated and a return to work status has not been achieved after the 7 chiropractic sessions. MTUS states that objective functional improvement must be present and "measured" in order for additional care to be warranted. The Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The chiropractic treatment records are absent from the materials provided for review. Given that there has been no evidence of objective functional improvement with the chiropractic care rendered in and as indicated by MTUS definitions, the request for 8 additional chiropractic sessions to be rendered to the right hand, wrist and shoulder to not be medically necessary and appropriate.