

Case Number:	CM14-0032697		
Date Assigned:	06/20/2014	Date of Injury:	12/16/2005
Decision Date:	08/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 Interventional Spine, 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 52-year-old female with date of injury of 12/16/2005. The listed diagnoses per the provider dated 01/10/2014 are: spondylosis, cervical, adhesive capsulitis of the shoulder., carpal tunnel syndrome, and complex regional pain syndrome (CRPS), type II of the upper extremities. According to this report, the patient presents with hand pain, arm, and shoulder pain. She describes her pain as sharp, aching, stabbing, cramping, like pins and needles, and shooting. She rates her pain 6/10 at its worst and 6/10 at an average. The physical exam shows the patient is alert, well developed, in no acute distress. The active range of motion of the cervical spine is limited. There is a visible scar from thyroid surgery. The right shoulder shows tenderness at the acromioclavicular joint, anterior glenoid rim, bicep muscle, rotator cuff, and superior medial scapular border. Shoulder range of motion is diminished due to pain. Impingement test is positive. O'Brien's test is positive. The utilization review denied the request on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with hand, arm, and shoulder pain. The treating physician is requesting twelve (12) chiropractic therapy sessions. The MTUS guidelines on manual therapy and manipulation recommend chiropractic treatment for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in treatment of musculoskeletal pain. It is, however, not recommended for the forearm, wrist, and hands. An initial trial of six visits over two weeks is recommended and with evidence of functional improvement up to 18 visits. The progress report dated 01/10/2014 notes that the treating physician is requesting twelve (12) visits of chiropractic treatment for the patient's chronic neck and upper extremity pain. In this case, the MTUS guidelines do not support chiropractic treatment for the upper extremities. Furthermore, the requested twelve (12) sessions exceeds MTUS recommended six (6) initial visits. As such, the recommendation is for denial.