

Case Number:	CM14-0033382		
Date Assigned:	06/20/2014	Date of Injury:	09/21/2012
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 50 year old female with a cumulative trauma type injury reported on 9/21/11. Prior treatment history has included physical therapy, corticosteroid injections and chiropractic treatment. An initial medical report dated 2/11/14 reported the patient had complaints of neck pain as well as lower back pain, right shoulder and arm pain, left shoulder and arm pain, right elbow, left elbow, right wrist and left wrist pain. The initial evaluation reports the patient is not working. Objective findings showed a decrease range of motion in the cervical spine, bilateral shoulders, bilateral elbows, and bilateral wrists. Diagnoses include cervical spine/strain, right shoulder surgery, left shoulder strain, right elbow strain, right wrist/hand strain, left wrist/hand strain, and other problems unrelated to current evaluation. The course of treatment recommendation was additional chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic visits 3 x 6 to the neck and upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

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

Decision rationale: This patient is clearly at a chronic point in her treatment. The MTUS Chronic Pain Medical Treatment Guidelines state that 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. In these cases, treatment may be continued at one treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered 'maximum' may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. There is limited documented objective improvement in function in the case of this patient. The care request exceeds the guidelines recommendation. The patient appears to have reached plateau and maintenance treatments should be determined. The ACOEM guidelines do not recommend treatment to the upper extremity stating that manipulation has not been proven effective for patients with pain in the hand, wrist or forearm and that manipulation by a manual therapist has been described as effective for patients with frozen shoulders. According to SB 899 all workers injured on or after Jan. 1, 2004, are limited to a maximum of 24 chiropractic visits per industrial injury. As such, the request is not medically necessary.