

Case Number:	CM14-0043089		
Date Assigned:	07/02/2014	Date of Injury:	02/28/2013
Decision Date:	07/31/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/10/2014

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 Chiropractor and Acupuncture, and is licensed to practice in Texas. 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 46-year-old female with a reported date of injury on 02/28/2013. The injury reportedly occurred from repetitive use. The injured worker presented with left-sided neck and left upper extremity pain and weakness. The electromyography (EMG)/NCS (nerve conduction study) of the left upper extremity on 07/03/2013 was reported as normal; the official results were not provided within the documentation available for review. The MRI (magnetic resonance imaging) of the cervical spine dated 10/03/2013 revealed degenerative disc disease. Upon physical examination, the injured worker's left shoulder exhibited decreased range of motion. The cervical spine revealed normal range of motion. The injured worker rates her pain at 5/10. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 42 degrees, extension to 50 degrees, right rotation to 60 degrees, left rotation to 65 degrees, right side bending to 22 degrees, and left side bending to 30 degrees. The left shoulder range of motion revealed flexion to 165 degrees, extension to 40 degrees, abduction to 160 degrees, adduction to 40 degrees, internal rotation to 75 degrees, and external rotation to 75 degrees. The right shoulder range of motion revealed flexion to 175 degrees, extension to 50 degrees, abduction to 175 degrees, adduction to 50 degrees, internal rotation to 90 degrees, and external rotation to 90 degrees. According to the documentation provided for review, the injured worker has previously participated in acupuncture, physical therapy, and three chiropractic sessions; the results of which were not provided within the clinical information available for review. The injured worker's diagnoses included cervical disc degeneration and neck pain. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for chiropractic two times per week for four weeks (quantity eight) was not submitted. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, two (2) times per week for four (4) weeks (Qty: 8:00): 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 and 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 the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines state that the time to produce effect is four treatments to six treatments with a frequency of one time to two times per week for the first two weeks as indicated by the severity of the condition. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first weeks of three visits to six visits of chiropractic treatment, although improvement tapered off after the initial sessions. According to the clinical documentation provided for review, the injured worker underwent three chiropractic treatments, which provided some short term benefit. There is a lack of documentation related to the therapeutic and functional benefit in the utilization of chiropractic care. The guidelines recommend a trial of six visits over two weeks with evidence of objective functional improvement. In addition, the request for eight chiropractic visits exceeds the recommended guidelines. Therefore, the request for chiropractic, two (2) times per week for four (4) weeks (Qty: 8:00), is non-certified.