

Case Number:	CM14-0061272		
Date Assigned:	07/09/2014	Date of Injury:	01/18/2014
Decision Date:	08/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/02/2014

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 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 42-year-old female who reported an injury on 01/18/2014, the mechanism of injury was not provided. On 03/19/2014, the injured worker was evaluated for therapy. Upon examination, the injured worker was ambulating with a normal gait and was slightly distressed. Examination of the cervical spine revealed tenderness to palpation over the paraspinals, suboccipitals, and upper trapezius muscles bilaterally. The range of motion values were 45 degrees flexion, 45 degrees extension, 40 degrees right flexion, 40 degrees left flexion, 75 degrees right rotation, and 75 degrees of left rotation. The examination of the right shoulder revealed tenderness to palpation of the upper trapezius muscles, rhomboid, rotator cuff, and bicipital groove. The range of motion values were 170 degrees of abduction, 170 degrees of flexion, 40 degrees of extension, 30 degrees of adduction, 70 degrees of internal rotation, and 80 degrees of external rotation. There was a positive impingement and empty can's test. The diagnoses were cervical spine sprain/strain, right shoulder impingement syndrome, right wrist sprain/strain, rule out right wrist internal derangement, right carpal tunnel syndrome, and right de Quervain's tendinitis. Prior therapy included medications. The provider recommended chiropractic treatment with supervised physiotherapy 2 times a week for 6 weeks, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy treatment with Chiropractic supervised Physiotherapy 2 x week x 6 weeks (12 total): Upheld

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

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

Decision rationale: The request for chiropractic treatment with chiropractic supervised physiotherapy 2 times a week for 6 weeks, 12 total, is non-certified. California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions are recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommended a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks. There was a lack of documentation indicating whether the injured worker has had previous chiropractic therapy and the efficacy of the prior therapy. Additionally, the provider's request for conservative treatment 2 times a week for 6 weeks exceeds the guidelines recommendations, and the provider's request does not indicate the site at which the chiropractic therapy was indicated for. Therefore, the request for chirotherapy treatment with chiropractic supervised physiotherapy 2 x week x 6 weeks (12 total) is not medically necessary and appropriate.