

<b>Case Number:</b>	CM14-0074169		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 and is licensed to practice in Nevada. 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 48-year-old female was reportedly injured on 7/15/2013. The mechanism of injury was noted as cumulative work related injury. The most recent progress note dated 4/9/2014, indicated that there were ongoing complaints of neck pain and right wrist pain. The physical examination demonstrated cervical spine limited range of motion. Sensation was decreased C7-C8 on the right. Muscle strength 5-/5 in the left upper extremity and right upper extremity 4+/5. Diagnostic imaging studies included electrodiagnostic report dated 2/28/2014 which reveals normal findings, CT scan of the cervical spine, dated 1/28/2014, which revealed satisfactory postoperative appearance following anterior fusion of C5-C6. There was also minor degenerative disc disease of the upper cervical spine without critical stenosis or disc protrusion. Previous treatment included physical therapy #14, aquatic therapy #6, and medications. A request was made for chiropractic physiotherapy 2 times a week times 4 weeks #8 for the neck and right upper extremity, general practitioner consultation for headaches, orthopedic consultation for right wrist and pain management consultation and was not certified in the pre-authorization process on 4/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic physiotherapy 2x4 for the neck and right upper extremity:** 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 58-59.

**Decision rationale:** Manual therapy manipulation can be recommended 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 in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. A trial of 6 visits over 2 weeks with evidence of objective functional improvement is recommended to evaluate the potential benefits of this treatment. Therefore, this request for a 8 visits exceeds guideline recommendations. Therefore, Chiropractic physiotherapy 2x4 for the neck and right upper extremity is not medically necessary.

**General practitioner consult for headaches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Head Procedure Summary last updated 03/28/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines support referrals to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records documented the complaints of headaches but failed to document any failure of first-line or conservative treatment. As such, general practitioner consult for headaches is not medically necessary.

**Orthopedic consultation for right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Forearm, Wrist and Hand Procedure Summary last updated 02/18/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines support referrals to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records failed to document any objective or clinical findings on physical exam to warrant a referral to an orthopedic specialist. Also, there was no determination of any failure of first-line conservative treatments. As such, orthopedic consultation for right wrist is not medically necessary.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 04/10/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines support referrals to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records failed to document pain that was not controlled with the current drug regimen. As such, pain management consultation is not medically necessary.