

Case Number:	CM14-0092350		
Date Assigned:	10/09/2014	Date of Injury:	01/30/2014
Decision Date:	11/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 1/30/14. She was seen by her primary treating physician on 9/2/14 with complaints of pain in her left index finger, bilateral wrist/hands, right shoulder/arm and neck. She is status post cervical MRI in 5/19/14 showing moderately severe multilevel chronic degenerative discopathic cervical spondylosis from C4-5 - C6-7 with lesser changes at C3-4. She had spinal stenosis at C5-6 without cord compression and bilateral foraminal stenosis right > left. She had a left wrist MRI on 5/20/14 showing an intact TFC without a tear and post op changes status post carpal tunnel release with scar tissue. Her exam showed right grip of 20lbs and left grip of 19 pounds. Cervical spine rotation was normal, extension was 50 degrees and full flexion. Her right shoulder could flex to 90 degrees and she had a right impingement sign. The diagnoses were chronic myofascial syndrome/internal derangement of shoulder, cervical discopathy, "plus sp/st/right CTS rule out cubital tun" and left middle finger flexure tendonitis - rule out trigger finger. At issue in this review is the request for chiropractic visits times 2 for flare-up, MRI cervical spine, MRI wrist and DME; IFM MEDS 4 unit for home pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits times 2 for flare up: 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 Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. 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. In this injured worker, the records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of an additional 2 sessions of chiropractic therapy.

MRI cervical spine: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with limitations in range of motion no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. She is status post cervical MRI in 5/19/14 showing moderately severe multilevel chronic degenerative discopathic cervical spondylosis from C4-5 - C6-7 with lesser changes at C3-4. She had spinal stenosis at C5-6 without cord compression and bilateral foraminal stenosis right > left. In the absence of physical exam evidence of red flags and a recent cervical MRI, a repeat MRI of the cervical spine is not medically indicated.

MRI 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker is for a MRI of the wrist. The records document a physical exam with decreased grip strength but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. She had a left wrist MRI on 5/20/14 showing an intact TFC without a tear and post op changes status post carpal

tunnel release with scar tissue. The medical records do not justify the medical necessity for repeat wrist MRI.