

Case Number:	CM14-0207735		
Date Assigned:	12/19/2014	Date of Injury:	03/19/2010
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/11/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 51 year-old female with a date of injury of March 19, 2010. The patient's industrially related diagnoses include bilateral shoulder AC joint arthritis, right elbow cubital tunnel syndrome, right elbow lateral epicondylitis, left elbow lateral epicondylitis, and bilateral wrist TFCC sprain/strain, cervical radiculopathy and cervical disc herniations at C5-C6 and C6-C7 with neural foramina narrowing. MRI of the cervical spine done on 11/6/2013 demonstrated a 3.5 mm left paracentral herniated disc just impinging upon the left anterior aspect of the spinal cord at C6-C7 and bilateral foramina stenosis. The injured worker had a right cubital tunnel surgery and lateral epicondyle release on 11/17/2011. The injured worker was previously certified for 6 chiropractic physiotherapy sessions for the bilateral upper extremities and cervical spine, but there was no documentation that the injured worker completed the sessions. She has had 18 visits of acupuncture with 40% temporary relief and around 50 sessions of physical therapy (both pre-op and post-op) which decreased her pain about 50%. The disputed issues are 8 chiropractic visits for the bilateral upper extremities and cervical spine and 8 physiotherapy visits for the bilateral upper extremities and cervical spine. A utilization review determination on 11/14/2014 had non-certified these requests. The stated rationale for the denial was: "Within time submitted medical records, it was stated that the patient was awaiting authorization for additional chiropractic rehabilitative therapy, which indicates that the patient has previously received chiropractic therapy, and the results were not provided within the submitted medical records. Moreover, the request itself exceeds the guidelines' maximum number of recommended visits for a time to produce effect. Additionally, the guidelines implicitly do not recommend chiropractic therapy for forearm, wrist, and hand. Moreover, the documentation during the physical examination failed to show significant quantifiable objective functional deficits.

Without further documentation to address the aforementioned deficiencies outlined in the review, the request at this time is not supported by the guidelines. As such, the request is non certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Chiropractic for the bilateral upper extremities and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

Decision rationale: Regarding the request for 8 chiropractic sessions for the bilateral upper extremities and cervical spine, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. The guidelines further state that chiropractic treatment is not recommended for forearm, wrist and hand. The guidelines specify for an initial trial of up to 6 visits. Only with evidence of objective functional improvement can further sessions be supported. Within the medical records available for review, there was documentation of subjective complaints of neck pain that radiated into the right trapezius and numbness in the hands, and the physical exam demonstrated decreased ROM throughout all planes along with decreased sensation of the left C6 dermatome. The results of a cervical spine MRI done on 11/6/2013 showed that at C5-C6, there was a 2 mm broad-based central disc protrusion and at C6-C7, there was a 3.5 mm left paracentral herniated disc. The injured worker was diagnosed with cervical radiculopathy and cervical disc herniations. Chiropractic treatment was requested with specific treatment goals to decrease pain, increase range of motion (ROM), increase strength, and increase activity level. Although there was a statement in the utilization review report that the injured worker was previously certified for 6 chiropractic physiotherapy sessions, there was no documentation of the certification or that the injured worker started or completed the sessions. Based on the documentation, a 6 visit trial is an option for the injured worker's neck symptoms. However, the request was for 8 chiropractic sessions for the bilateral upper extremities and cervical spine and the guidelines do not recommend chiropractic care for forearms, wrist, and hands. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of these issues, the requested 8 chiropractic sessions for the bilateral upper extremities and cervical spine is not medically necessary.

Eight Physiotherapy for the bilateral upper extremities and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for 8 physiotherapy sessions for the bilateral upper extremities and cervical spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the medical records available for review, there was documentation of completion of prior PT sessions, but there was no documentation of specific objective functional improvement. In the progress report dated 9/9/14, it was documented that the injured worker completed around 50 sessions both pre and post operatively which helped her pain about 50%, but there was no indication of any functional benefit gained with previous physical therapy. The guidelines recommend that formal physical therapy should be tapered to self-directed home exercises, but there was no statement indicating why the injured worker was unable to continue with an independent program of home exercise that she learned in PT. In the absence of such documentation, the current request for 8 physiotherapy sessions for the bilateral upper extremities and cervical spine is not medically necessary.