

Case Number:	CM14-0208038		
Date Assigned:	12/22/2014	Date of Injury:	11/24/2010
Decision Date:	02/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 51 year old female with chronic pain in the neck, bilateral upper extremities, and low back, date of injury is cumulative from 09/01/2009 to 11/24/2010. Previous treatments include medications, surgeries on both wrists, chiropractic, acupuncture, injections to low back, physical therapy, biofeedback, and home exercise program. Initial consultation report dated 10/16/2014 by the treating doctor revealed patient with complains of constant aching neck pain, 4/10 with intermittent headaches, neck pain also radiates into her shoulder girdles and arms, frequent numbness and tingling in her hands and fingers, bilateral shoulders pain 3-4/10, bilateral wrists/hands pain 4/10, constant aching low back pain, 6/10, frequent radiation of pain into the right buttock and leg down to knee with intermittent numbness and tingling in the feet and toes, constant bilateral hips pain, 5/10. Physical exam revealed paravertebral cervical pain, pain to palpation over bilateral trapezii, levator scapulae, rhomboids, supraspinatus and infraspinatus muscles, pain with Spurling test, decreased cervical ROM, left anterior shoulder pain with Speed's test, Hawkins test caused left neck and shoulder pain, painful Impingement test, decreased shoulders ROM on both sides, median nerve compression test and Phalen's test was painful on both wrists, first dorsal compartment and Finkelstein's test positive on the right, radioulnar joint painful on the left, lumbar spine evaluation will be performed at the next evaluation. Clinical impression include cervical myofascial pain and degenerative disc disease, bilateral rotator cuff tendonitis and rotator cuff tears, bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 2 x 6: 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: The claimant presented with ongoing pain in the neck, bilateral wrists, bilateral shoulders, and low back. It is unclear which body part will be treated with chiropractic treatment request. However, reviewed of the available medical records showed the claimant has had multiple chiropractic treatments previously with no evidences of objective functional improvement. Based on the evidences based guidelines cited above, the request for 12 chiropractic treatments is not medically necessary.