

Case Number:	CM14-0209020		
Date Assigned:	12/22/2014	Date of Injury:	08/29/2014
Decision Date:	02/17/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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 (DC) 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 patient is a 55 year old female who injured his neck, wrists, left shoulder, elbows and low back on 08/29/2014 while performing her usual and customary duties as roman shades maker. The patient is status post left shoulder arthroscopy (rotator cuff repair). The mechanism of injury is constant lifting, pushing, and pulling (repetitive hand use). Per the PTP's progress report the patient complains of "persistent neck pain. She rates the pain level as a 5-7 on a scale of 0 to 10. She describes numbness and tingling in her upper extremities, right greater than left. She has persistent bilateral elbow pain. She continues to experience numbness and tingling in her hands and digits. As it relates to the lumbar spine she rates her pain as 7/10." The patient has been treated with medications, wrist brace and physical therapy. The diagnoses assigned by the PTP are cervical spine sprain/strain with underlying cervicogenic headaches, bilateral lateral and medial epicondylitis, carpal tunnel syndrome and lumbar spine sprain/strain. There are no records of diagnostic imaging studies that pertain to the body regions where treatment is being requested. The PTP is requesting an initial trial of 6 sessions of chiropractic care to the neck, bilateral wrists, bilateral elbows and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Chiropractic sessions for neck, bilateral wrists, bilateral elbows and back:

Overtuned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 265, 298-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back, Forearm and Wrist Chapters, Manipulation Sections

Decision rationale: The Patient has suffered injuries to multiple body regions as a result of performing repetitive tasks. The patient has not received any chiropractic care for her injuries. The ODG Neck and Upper Back and Low Back Chapters recommend a trial of 6 sessions of chiropractic care over 2 weeks. The Forearm, Wrist and Hand Chapter does not recommend manipulation for the wrist. The ODG is silent on the topic of manipulation for the elbow. states that manipulation is "not recommended". For elbow sprains, the same section suggests that "(if a decision is made to use this treatment despite the lack of evidence) Allow for fading treatment frequency (from up to 3 visits per week to 1 or less, plus active self-directed home therapy 9 visits over 8 weeks." Given that the request is for the four body regions listed and three of the four regions have a recommendation for manipulation by The MTUS, I find that the trial of 6 sessions of chiropractic care neck, low back, wrists and elbows to be medically necessary and appropriate.