

Case Number:	CM15-0002056		
Date Assigned:	01/13/2015	Date of Injury:	04/02/2011
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Virginia
 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:

The injured worker is a 54-year-old female who reported an injury on 04/02/2011. The mechanism of injury was pulling a trash bin while it got caught in a doorway. Her diagnoses are noted to include carpal tunnel syndrome, osteoarthritis generalized hand, shoulder acromioclavicular joint arthritis, shoulder impingement/bursitis, and shoulder sprain/strain rotator cuff. Her past treatment was noted to include medication, surgery, splinting, chiropractic therapy, thumb brace, occupational therapy, and injections. Her diagnostic studies were not provided. Her surgical history was noted as left trapeziectomy, left carpometacarpal joint suture suspension arthroplasty with fluoroscopy. During the assessment on 10/03/2014, the injured worker complained of left shoulder and neck pain. She reported that her pain was unchanged. She described the pain as constant in her neck and left shoulder. The physical examination of the cervical spine revealed no tenderness to palpation and normal motor strength. There was normal range of motion. Her medication was noted to include ibuprofen 800 mg, metaxalone 800 mg, mobic 7.5 mg, tramadol 50 mg, and Voltaren gel 1%. The treatment plan and rationale was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC TREATMENT 2-3 X/WEEK X 4-6 WEEKS FOR THE CERVICAL SPINE PER 11/21/14: 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 Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back, Manipulation

Decision rationale: The request for additional chiropractic treatment 2 to 3 times a week times 4 to 6 weeks for cervical spine is not medically necessary. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain fi 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. The Official Disability Guidelines specify the recommended number of visits for manipulation of the neck and upper back. The guidelines recommend up to 9 visits over 8 weeks. The requested 18 visits exceeds guideline recommendation. There was a lack of adequate information regarding whether or not the injured worker had benefited from the past chiropractic treatments or if there were any functional improvements made. Additionally, the number of completed chiropractic visits was not provided. As such, the request is not medically necessary.