

Case Number:	CM15-0006544		
Date Assigned:	01/21/2015	Date of Injury:	05/13/2013
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 with an industrial injury dated 05/13/2013. Her diagnoses include cervical strain/sprain, thoracic strain/sprain, bilateral shoulder strain/sprain, right wrist strain/sprain, and left knee strain/sprain. Recent diagnostic testing was not provided or discussed. She has been treated with physical and chiropractic therapy; however, the specific dates or number of sessions was not mentioned. In a progress note dated 11/21/2014, the treating physician reports slightly decreased pain in the neck, right shoulder, and right wrist, and increased pain in the left knee despite treatment. The objective examination revealed myospasm and pain in the cervical spine with palpation, full range of motion in the cervical spine, positive shoulder depression test, myospasm and pain in the right shoulder with full range of motion, decreased grip strength on the right when compared to the left, normal muscle strength in the neck and upper extremities and normal reflexes in the upper extremities. The treating physician is requesting additional chiropractic therapy which was denied by the utilization review. On 01/07/2015, Utilization Review non-certified a request for chiropractic therapy 2 times a week for 4 weeks for the cervical and thoracic spines, bilateral shoulders right wrist and left knee, noting the absence of how many previous chiropractic treatments had been rendered thus far, lack of documented function improvement or outcomes of the previous therapy, and the lack of recommendation of therapy for the wrist and knees. The MTUS and ODG guidelines were cited. On 01/12/2015, the injured worker submitted an application for IMR for review of chiropractic therapy 2 times a week for 4 weeks for the cervical and thoracic spines, bilateral shoulders right wrist and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 Times A Week for 4 Weeks to The Cervical/Thoracic/Bilateral Shoulders/Right Wrist/Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient was injured on 05/13/13 and presents with neck pain, right shoulder pain, right wrist pain, and left knee pain. The request is for **CHIROPRACTIC 2 TIMES A WEEK FOR 4 WEEKS TO THE CERVICAL/ THORACIC/ BILATERAL SHOULDERS/ RIGHT WRIST/ LEFT KNEE**. There is no RFA provided and the patient is currently on modified work duty with restrictions of a 5 minute stretching break every hour, limited bending, reaching, no lifting over 5 lbs, limited right arm forceful grasping, pushing/pulling, and fine manipulation. The utilization review letter indicates that the patient has had prior chiropractic sessions. MTUS Guidelines allows up to 18 sessions of chiropractic treatment following an initial trial of 3 to 6. Furthermore, MTUS page 58 specifically states chiro is not recommended for the wrists or knees. There is no mention of any recent surgery the patient may have had. Exam findings revealed myospasm and pain in the cervical spine with palpation, full range of motion in the cervical spine, positive shoulder depression test, myospasm and pain in the right shoulder with full range of motion, decreased grip strength on the right when compared to the left, normal muscle strength in the neck and upper extremities and normal reflexes in the upper extremities. The patient has had several sessions of chiropractic sessions; however, there is no indication of how many sessions the patient had, when she had these sessions, and how these sessions impacted her pain and function. It is unknown if the patient has already completed her trial of 3 to 6 chiropractic sessions. Therefore, the requested 8 chiropractic sessions IS NOT medically necessary.