

Case Number:	CM15-0101780		
Date Assigned:	06/04/2015	Date of Injury:	10/26/2005
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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: Chiropractic

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 60-year-old female, who sustained an industrial injury on 10/26/2005. She has reported injury to the neck, left shoulder, and right wrist. The diagnoses have included multi-level disc disease with radicular component down her upper extremities; impingement syndrome of the shoulder on the left, status post decompression, labral repair, and distal clavicle excision; carpal tunnel syndrome on the right; and chronic pain. Treatment to date has included medications, diagnostics, bracing, hot and cold wrap, aquatic therapy, physical therapy, and surgical intervention. Medications have included Naproxen, Tramadol ER, Flexeril, Gabapentin, Terocin patches, and Protonix. A progress note from the treating physician, dated 04/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain from the neck down to the shoulders, elbows, and wrists, with numbness and tingling, as well as weakness; using brace and hot and cold wrap; and she is currently working. Objective findings included tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle; pain along the left shoulder, rotator cuff, and biceps tendon with decreased abduction; and tenderness along the right wrist, carpometacarpal, and carpal tunnel, with positive Tinel's sign at the wrist. The treatment plan has included the request for chiropractic three times a week for four weeks for the neck, shoulders, and upper extremities, quantity: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3xWk x 4Wks for the neck, shoulders and upper extremities, QTY: 12:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Shoulder and Wrist, Forearm and Hand Chapters, Manipulation Sections.

Decision rationale: It is not clear from the records provided if the patient has received chiropractic care for her injuries in the past. The UR review notes state that 6 prior sessions have been completed. The records provided do not support this assertion. The total number of chiropractic sessions are unknown if any and not specified in the records provided for review. The treatment records in the materials submitted for review do not show objective functional improvement with past care, per MTUS definitions. The past chiropractic care records are not present in the materials provided for review. If the patient has received chiropractic care in the past, the ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over with evidence of objective functional improvement with a limited number of sessions for the shoulder and none for the upper extremity. The MTUS Chronic Pain Medical Treatment Guides do not recommend manipulation for the upper extremity and are silent on cervical spine. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The past chiropractic treatment notes are not present in the materials provided for review. The ODG Neck and Upper Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been no objective functional improvements with the care in the past per the treating physician's reports. There are no chiropractic treatment records if any. The number of chiropractic sessions to date is not specified. If this is a request for an initial trial of care, the number of sessions requested far exceeds the ODG and the MTUS recommendations. If this is a request for additional sessions, there has been no objective functional improvement. I find that the 12 chiropractic sessions requested to the cervical spine, shoulders and upper extremities to not be medically necessary and appropriate.