

Case Number:	CM15-0132094		
Date Assigned:	07/20/2015	Date of Injury:	11/07/2014
Decision Date:	08/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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:

This 22-year-old female sustained an industrial injury to the wrists, upper extremities, right arm and left shoulder via repetitive trauma from 8/17/13 to 8/17/14. On 11/7/14, the injured worker sustained an industrial injury to the neck and back. Previous treatment included physical therapy, chiropractic therapy, injections, transcutaneous electrical nerve stimulator unit and medications. The number of previous therapy sessions was unclear. Magnetic resonance imaging left wrist showed carpal tunnel syndrome. In a PR-2 dated 6/3/15, the injured worker complained of intermittent mild neck and upper back pain with occasional radiation to the upper extremities rated 2-4/10 on the visual analog scale, frequent left shoulder pain with radiation to the arm rated 2-6/10 and frequent bilateral wrist pain with occasional numbness in hands and fingers rated 2-6/10. The injured worker also complained of anxiety and sleep difficulties. Physical exam was remarkable for tenderness to palpation to the cervical spine and thoracic spine paraspinal musculature with spasms, tenderness to palpation to the left shoulder with intact range of motion and bilateral wrists with tenderness to palpation and positive Phalen's and Tinel's bilaterally. Current diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, left shoulder sprain/strain, bilateral wrist sprain/strain, anxiety and insomnia. The physician noted that he was awaiting the results of recent magnetic resonance imaging studies. The physician stated that the injured worker had demonstrated subjective and objective improvement over the course of her treatment. The treatment plan included using an electrical muscle stimulation unit at home and continuing chiropractic therapy twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy with therapeutic exercises 2x6 thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The medical necessity for the requested 12 chiropractic treatments was not established. Upon peer review, the peer reviewer appropriately noted that an initial trial of 6 treatments would be appropriate and consistent with MTUS guidelines. This decision was appropriate. Given the clinical findings on examination, a course of treatment could be considered appropriate. However, medical treatment utilization schedule chronic pain guidelines allows for an initial trial of 6 treatments. The requested 6 treatments exceeds this guideline and are therefore, not medically necessary.