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| Case Number: | CM15-0149493 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 01/03/2013 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/08/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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, Minnesota
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 28 year old female, who sustained an industrial injury on 1-3-13. The injured worker has complaints of right hand and wrist pain with radiating pain to the arm and shoulder, occasional left hand and wrist pain. The documentation noted that the injured workers bilateral shoulders has positive impingement test and bilateral wrist and hands has tenderness in the right scaphoid or lunate carpal bones. There is tenderness in the right wrist flexion-extension crease and tenderness in the triangular fibrocartilage complex ulnocarpal ligament and distal radioulnar joint. The diagnoses have included cervicothoracic spine strain, rule out cervical radiculopathy and bilateral shoulder impingement syndrome, rule out rotator cuff tear. Treatment to date has included wrist braces; hydrocodone and acetaminophen; electro-myography/nerve conduction velocity study on 3-13-13 showed there may be mild right carpal tunnel syndrome in the right wrist, but there was no evidence of radiculopathy; electro-myography/nerve conduction velocity from 4-15-14 was normal and physical therapy. The request was for chiropractic treatment, cervical spine, 3 times weekly for 6 weeks, 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Cervical Spine, 3 times wkly for 6 wks, 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Manipulation; Chiropractic Guidelines - Therapeutic Care; Neck & Upper Back - Manipulation, Chiropractic Guidelines; Shoulder - Manipulation; Chiropractic Guidelines; Introduction - Chiropractic Guidelines - Therapeutic Care.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and Neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic treatment to the cervical spine 3 times per week for 6 weeks or 18 sessions. The request for treatment (18) is not according to the above guidelines (6), therefore the request is not medically necessary and appropriate.