

Case Number:	CM15-0161626		
Date Assigned:	08/27/2015	Date of Injury:	10/19/2012
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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 51 year old female, who sustained an industrial injury on 10-19-12. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical disc syndrome; left elbow sprain; left carpal sprain. Treatment to date has included acupuncture; physical therapy; urine drug screening; medications. Diagnostics studies included MRI cervical spine (7-8-15). Currently, the PR-2 notes dated 7-6-15 indicated the injured worker complains of cervical spine pain that is constant aching and throbbing pain rated in intensity as 8 out of 10 with complaints of headaches. The left elbow has pain described as shooting and throbbing with pain level 8 out of 10. In addition, there are documented complaints of left wrist pain described as intermittent throbbing pain rated as 7 out of 10. A MRI of the cervical spine dated 7-8-15 impression reveals 1) no fracture, subluxation or ligamentous injury. 2) Mild discogenic disease and facet arthropathy, which contribute to mild spinal canal narrowing at C5-C6 and C6-C7 without associated cord signal abnormality. 3) Associated neural foraminal narrowing which is moderate to severe on the left at C5-C6 and moderate on the left at C6-C7. An orthopedic Qualified Medical Evaluation dated 3-16-15 describes a medical history of migraine headaches, left knee surgery in 1994 and the only medications she is taking is Cyclobenzaprine at the time. The report notes the injured worker is a status post ulnar nerve transposition with possible scarring over the ulnar nerve and compression of the elbow and early carpal tunnel syndrome bilaterally with the left greater than the right. The provider is requesting authorization of additional Chiropractic 2x wk x 3 wks, Cervical spine, Left wrist/elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x wk x 3 wks, Cervical spine, Left wrist/elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

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 Official Disability Guidelines (ODG) Neck & Upper Back, Wrist, Forearm and Hand, Elbow/Manipulation.

Decision rationale: The patient has received chiropractic care for her industrial injuries in the past per the records provided. The past chiropractic treatment notes are not present in the materials provided. The treatment procedures and billing codes have been provided as submitted by the treating chiropractor. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, as documented by the PTP (medical physician), per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines does not recommend manipulation to the elbow or wrist. The same section is silent on the cervical spine. The ODG Neck & Upper Back recommends up to 18 sessions of chiropractic care for the cervical spine over 6-8 weeks. The ODG does not recommend manipulation for the wrist. The ODG recommends a limited number of manipulative treatments for the elbow. The total sessions provided to the elbow are unknown. 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." There have been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the cervical spine, left wrist and left elbow is not medically necessary.