

Case Number:	CM15-0182244		
Date Assigned:	09/23/2015	Date of Injury:	06/27/2015
Decision Date:	11/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

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:

This 51 year old woman sustained an industrial injury on 6-27-2015. Diagnoses include medication induced gastritis, cervical spine sprain-strain, lumbar spine sprain-strain with radiculitis, bilateral shoulder sprain-strain, bilateral wrist carpal tunnel syndrome, bilateral wrist De Quervain's tenosynovitis, bilateral wrist sprain-strain, insomnia, chronic pain, depression, and anxiety. Treatment has included oral medications, physical therapy, and injection therapy. Physician notes dated 7-31-2015 show complaints of upper back pain rated 7 out of 10 with radiation to the bilateral shoulders with numbness and tingling, mid back pain rated 8 out of 10 with radiation to the waist, bilateral wrist pain rated 7 out of 10 with radiation to the bilateral hands and fingers as well as bilateral thumb locking, low back pain rated 7 out of 10 with radiation to the bilateral lower extremities with numbness and tingling, bilateral knee pain rated 5 out of 10 with radiation from the low back down to the bilateral ankles with tingling and puling sensation, sleep disorder, depression, and stress secondary to pain. The physical examination shows tenderness to palpation of the epigastrum, tenderness to palpation of the suboccipitals and upper trapezius muscles of the cervical spine bilaterally. Range of motion is noted to be flexion 40 degrees, extension 35 degrees, bilateral lateral bending 30 degrees, and bilateral rotation 60 degrees. Tenderness to palpation is noted to the thoracic and lumbar paraspinal muscles and bilateral sacroiliacs. Range of motion is noted to be flexion 40 degrees, extension 0 degrees, and bilateral lateral bending 10 degrees. Tenderness to palpation is also noted to the bilateral upper trapezius muscles with spasms and bilateral acromioclavicular joints. Range of motion is noted to be abduction 160 degrees bilateral, flexion 160 degrees bilateral, extension 20 degrees

bilateral, adduction 25 degrees bilateral, internal rotation 65 degrees bilateral, and external rotation 75 degrees bilateral. There is positive impingement and apprehension sign. Range of motion of the bilateral elbows is flexion 125 degrees, extension 0 degrees, pronation 80 degrees, and supination 80 degrees. Tenderness to palpation is noted at the bilateral radiocarpal joints and bilateral thenar eminences of the wrists and hands. Range of motion is noted to be 40 degrees of dorsal flexion, palmar flexion 40 degrees, ulnar deviation 25 degrees, and radial deviation 20 degrees and symmetric. Carpal Tinel's, Phalen's, and Finkelstein's tests are positive bilaterally. JAMAR is 10-18-16 right and 22-16-16- left. Recommendations include chiropractic care including supervised physiotherapy, acupuncture, x-rays of the cervical spine, bilateral wrists, bilateral hands, thoracic spine, and bilateral shoulders, lumbar spine MRI and x-rays, electromyogram and nerve conduction studies of the bilateral upper and lower extremities, psychological consultation, lumbar spine brace, bilateral thumb spica splints, Cyclobenzaprine, Ibuprofen, Pantoprazole, and follow up in two weeks. Utilization Review denied requests for chiropractic care and acupuncture on 9-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Chiropractic treatment to the upper back, mid back, bilateral wrists, low back and bilateral knees 2x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Review indicates the request for chiropractic treatment was modified from 12 to 6 sessions for trial. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury with an initial trial of 6 visits over 2 weeks and states treatment beyond the 4-6 visits requires documented objective improvement in function. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many of the authorized sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in symptoms and clinical findings for this injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received a conservative treatment trial; however, remains not changed without functional restoration approach. The Initial Chiropractic treatment to the upper back, mid back, bilateral wrists, low back and bilateral knees 2x a week for 6 weeks is not medically necessary and appropriate.

Initial Acupuncture to the upper back, mid back, bilateral wrists, low back and bilateral knees 2x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visits of 3 to 6 treatments with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request for 12 initial sessions beyond guidelines criteria or demonstrate specific conjunctive active therapy towards a functional restoration approach. The Initial Acupuncture to the upper back, mid back, bilateral wrists, low back and bilateral knees 2x a week for 6 weeks is not medically necessary and appropriate.