

Case Number:	CM15-0186883		
Date Assigned:	09/28/2015	Date of Injury:	09/09/2002
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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 76 year old male who sustained an industrial injury on 09/09/2002. Medical records indicated the worker was treated for chronic pain of the neck, mid-back, low-back, right shoulder, right wrist, right hand, and right knee. In the provider notes of 09-08-2015, the worker has subjective complaints of being post two cervical spine fusion surgeries with a residual pain rated as 6 on a visual analog scale of 0-10. He has right shoulder pain that is sharp and burning pain radiating down the arms to the fingers with muscle spasm and rated a 9 on a scale of 10. The pain is aggravated by gripping, grasping, reaching, pulling, lifting and working at or above shoulder level. He is post right shoulder rotator cuff repair (12-01-2008), and complains of residual sharp and burning pain radiating down the arm to the fingers, associated with muscle spasms. This pain is rated a 9 on a scale of 0-10. He has right wrist and hand pain that is sharp and stabbing, moderate to severe, rated as a 7 on a scale of 10 and aggravated by gripping, grasping, reaching, pulling, lifting and free manipulation of objects. He has dull, achy muscle spasm pain in the mid-back that is frequent to constant, mild to moderate, aggravated by prolonged positioning. The worker complains of sharp, stabbing, low back pain and muscle spasm rated as a 6-7 on a scale of 10 and described as frequent to constant, mild to moderate and aggravated by prolonged positioning. He is status post right knee arthroscopy with residual pain. Pain is aggravated by squatting kneeling, ascending or descending stairs, prolonged positioning, weight bearing, standing and walking. The worker states the symptoms persist but medications do offer him temporary relief of pain and improve his ability to have a restful sleep. He denies any problems with the medications. Rest and activity restrictions also help alleviate the

pain. Objectively, the worker has a well-healed surgical incision anteriorly consistent with prior fusion surgery. He has +2 tenderness to palpation at the sub occipital, scalene, and sternocleidomastoid muscles. Active range of motion of the cervical spine is diminished. Cervical distraction and maximal foraminal compression tests are positive both right and left. There is +2 tenderness to palpation at the AC joint and subacromial space as well as the infraspinatus, supraspinatus and subscapularis. Shoulder range of motion is diminished in all planes. The right wrist has +2 tenderness to palpation and decreased range of motion in all planes. Tinel's is negative, Finkelstein's is positive. The mid-back has decreased thoracic active range of motion and +2 tenderness over the spinous processes T3, T4, and T5. There is bilateral thoracic paraspinal muscle guarding. Lumbar spine range of motion is diminished in all planes and there is +2 tenderness at the spinous processes L3-L5. Straight leg raise is positive at 45 degrees both left and right, and knee active range of motion is diminished bilaterally. Vascular pulses are 2+ and symmetrical in the bilateral lower extremities. The treatment plan included chiropractic treatment for the cervical spine, right shoulder, right wrist/hand, thoracic and lumbar spine and right knee in a frequency of 3 times per week for a period of six weeks. A request for authorization was submitted for Chiropractic Manipulation for eighteen sessions. A utilization review decision non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation for eighteen sessions: 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: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (Cervical & Thoracic also) 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 manipulation for 18 sessions to apparently several body parts as well as the spine. The request for treatment (18 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.