

Case Number:	CM15-0194049		
Date Assigned:	10/07/2015	Date of Injury:	05/21/1997
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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 is a 60 year old female who sustained an industrial injury on 5-21-1997. A review of the medical records indicates that the injured worker is undergoing treatment for lateral epicondylitis (status post right release), carpal tunnel syndrome, lesion ulnar nerve, status post right release and reflex sympathetic dystrophy left upper extremity. According to the progress report dated 9- 3-2015, the injured worker complained of chronic right upper extremity pain. She also complained of left upper extremity pain. The injured worker reported some improvement in pain in her shoulder blade due to acupuncture and massage therapy. She had been approved for six additional sessions of acupuncture as well as six sessions of massage therapy. She reported never having chiropractic treatment for this injury. Per the treating physician (9-3-2015), the work status was permanent and stationary. The physical exam (9-3-2015) revealed tenderness to palpation at the medial border of the right scapula. There was spasm and hypertonicity in the cervical paraspinal, rhomboid and upper trapezius muscles, right side greater than left. Treatment has included surgery, acupuncture, massage therapy and medications (Ibuprofen). The original Utilization Review (UR) (9-25-2015) denied a request for chiropractic treatment for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1x week x 6 weeks Cervical Spine: Upheld

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

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

Decision rationale: The claimant presented with chronic pain in the right upper extremity and neck. Previous treatments include medications, surgery, acupuncture, massage, and physical therapy. Current ongoing treatments include massage and acupuncture. Current progress report did not document range of motion findings, no functional deficits, and no concurrent therapeutic exercises programs. Given multiple concurrent passive therapies and no active therapeutic exercises to facilitate functional improvements and help return the claimant to productive activities, the request for chiropractic treatment is not medically necessary.