

Case Number:	CM15-0196840		
Date Assigned:	10/12/2015	Date of Injury:	03/04/2008
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 70 year old female, who sustained an industrial injury on 3-4-08. The injured worker was diagnosed as having cervical facet arthrosis, cervical spine degenerative disc disease, right lateral epicondylitis, right shoulder tendinitis with partial thickness tear of the rotator cuff, and left DeQuervain's. Treatment to date has included an unknown number of chiropractic treatment, TENS, and acupuncture. Physical examination findings on 7-21-15 included painful and decreased cervical range of motion. Facet tenderness and radiculopathy on the right at C6-7 and decreased sensation on the right at the C6 level was noted. Tenderness to palpation was noted over the cervicotrpezial ridge. Impingement sign and painful range of motion was noted over the right shoulder. Tenderness to palpation over the acromioclavicular joint and lateral epicondyle was noted. Right elbow and forearm exam revealed a positive Tinel's sign and De Quervain's sign was positive over the left wrist. On 7-21-15, the injured worker complained of neck pain, right upper extremity pain, and left wrist pain. The treating physician requested authorization for continued chiropractic sessions with physical therapy for the cervical spine and bilateral upper extremities. On 9-16-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic sessions with physical therapy (cervical, bilateral upper extremities): 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 medical necessity for the requested additional chiropractic treatment was not established. The request is for continued chiropractic and physical therapy at 2 times per week for 6 weeks. The requested 12 treatments exceed medical treatment utilization schedule guidelines. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Moreover, it appears that this claimant has received chiropractic treatment for some time. The amount of treatment rendered this claimant, and the response that treatment was not available. ACOEM practice guidelines, chapter 2, page 19, medical history section, indicates that "results of previous tests, treatments, or procedures" is an essential part of the history and is essential prior to certifying any additional treatment or diagnostic testing. Therefore, the medical necessity for the requested 12 additional chiropractic treatments was not established.