

Case Number:	CM15-0202984		
Date Assigned:	10/19/2015	Date of Injury:	03/05/2014
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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 28 year old female, who sustained an industrial injury on March 5, 2014. She reported pain in her arms, upper back, wrists, neck and shoulders. The injured worker was currently diagnosed as having cervicgia, intermittent radiculopathy-right greater than left C6 distribution, bilateral medial epicondylitis recalcitrant, lateral epicondylitis recalcitrant and bilateral extensor tendinitis of both hands. Treatment to date has included 14 chiropractic treatments, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy and exercise. On August 10, 2015, notes stated that the injured worker had functional restoration of approximately 65% of the functional deficit reported from a July 27, 2015 examination due to chiropractic treatment. On September 15, 2015, the injured worker reported significant improvements in her neck pain tightness and arm pain and numbness with the help from chiropractic treatment and TENS unit. These were noted to be the two treatment modalities that provided her the most relief of her symptoms. It was reported that on August 13, 2015, her work restrictions were significantly reduced as a result. Physical examination of the cervical spine revealed forward flexion two inches chin to chest, extension 40 degrees, lateral bending to the left and the right 40 degrees and rotation to the left and right 40 degrees. The treatment plan included twelve additional chiropractic sessions to reduce her pain, increase her range of motion and increase her activities of daily living and a follow-up visit. The twelve additional chiropractic sessions were to be spread out over time for tapering. On September 23, 2015, utilization review denied a request for additional twelve sessions of chiropractic treatment for neck and bilateral extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment, Neck and Bilateral Upper Extremities QTY: 12:

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 12 additional chiropractic treatments was not established. The claimant underwent a course of 14 treatments with overall improvement. MTUS guidelines, page 59-60 give the following recommendations regarding manipulation: "These recommendations are consistent with the recommendations in ODG, which suggest a trial of 6 visits, and then 12 more visits (for a total of 18) based on the results of the trial, except that the Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24). Payors may want to consider this option for patients showing continuing improvement, based on documentation at two points during the course of therapy, allowing 24 visits in total, especially if the documentation of improvement has shown that the patient has achieved or maintained RTW." The claimant underwent 14 treatments with overall improvement. A modification of the request to certify 6 additional treatments would be appropriate. However, the request was for 12 treatments that exceed MTUS guidelines and are therefore noncertified. The previous peer review indicated that there was "no detailed documentation of reasonably maintain functional improvement from prior chiropractic treatment." In the very same peer review report the reviewer outlines the different evaluations. The 9/15/2015 chiropractic evaluation indicated a "functional restoration of approximately 80% of the functional deficits reported from the 7/27/2015 examination. The 9/15/2015 report from [REDACTED], noted that as a result of the treatment that "on 8/13/2015 her work restrictions were significantly reduced." This clearly indicates overall functional improvement as a result of the 14 treatments rendered to date. Additional treatment consistent with MTUS guidelines would be appropriate. The requested 12 treatments are in excess of MTUS guidelines and are therefore is not medically necessary.