

Case Number:	CM15-0023480		
Date Assigned:	02/13/2015	Date of Injury:	03/07/2008
Decision Date:	05/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 65 year old female sustained an industrial injury to the neck, right upper extremity and bilateral shoulders on 3/7/08. Previous treatment included physical therapy, heat/ice, acupuncture, trigger point injections, chiropractic therapy, massage therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 11/19/14, the injured worker reported increased range of motion to the neck after massage therapy. The injured worker did not feel that she needed trigger point injections at this time because massage therapy was helpful. The injured worker complained of aching to the right trapezius, rhomboid and wrist and increased pain with repetitive use of the right upper extremity. Physical exam was remarkable for cervical spine with 90% range of motion, tenderness to palpation to bilateral trapezius and right lateral epicondyle, 5/5 bilateral upper extremity strength and intact sensation throughout. Current diagnoses included cervical spine degenerative disc disease, right shoulder pain, right lateral epicondylitis, right elbow tendonitis and myalgia. The treatment plan included additional 6 sessions of massage therapy, transcutaneous electrical nerve stimulator unit and a right lateral epicondylitis brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy #6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, prior chiropractic sessions have been completed without significant and objective pain and functional improvement of her symptoms. Therefore, the request for 6 Chiropractic visits is not medically necessary.

Ortho Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case, there is no clear documentation for the rational for the request for an office visit for Ortho. The requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Ortho Consult is not medically necessary.