

Case Number:	CM15-0211279		
Date Assigned:	10/30/2015	Date of Injury:	04/15/2015
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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 45 year old female, who sustained an industrial injury on 04-15-2015. She has reported injury to the neck and bilateral upper extremities. The diagnoses have included tenosynovitis right-left hand-wrist; post surgical right upper extremity wrist; upper extremity radiculopathy; carpal tunnel syndrome; and cervicgia. Treatment to date has included medications, diagnostics, activity modification, chiropractic therapy, and home exercise program. Medications have included Naproxen, Voltaren, Menthoderm Gel, and Prilosec. A progress report from the treating physician, dated 10-07-2015, documented an evaluation with the injured worker. The injured worker reported elevated neck pain; since discontinuing treatment, her pain has elevated; her pain in the upper extremities is about the same; and she reports having electrodiagnostic studies performed of the upper extremities and multiple MRI evaluations of the upper extremities. Objective findings included cervical flexion-extension was 40 degrees; rotation was 60 degrees bilaterally; side bending was 20 degrees bilaterally; these were performed with discomfort; and there was pain with resisted motion of the upper extremities. The treatment plan has included the request for chiropractic-physiotherapy x4 visits cervical spine. The original utilization review, dated 10-16-2015, non-certified the request for chiropractic-physiotherapy x4 visits cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy x4 visits cervical spine: Upheld

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

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

Decision rationale: The claimant presented with chronic neck and shoulder pain. Previous treatments include medications, acupuncture, home exercises, chiropractic, and physiotherapy. According to the available medical records, the claimant has completed 36 chiropractic visits to date, thus she clearly exceeded total number of visits recommended by MTUS guidelines. Therefore, the request for additional 4 visits is not medically necessary.