

Case Number:	CM15-0217880		
Date Assigned:	11/09/2015	Date of Injury:	01/07/2015
Decision Date:	12/28/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/05/2015

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 38 year old male who sustained an industrial injury on 1-7-15. A review of the medical records indicates he is undergoing treatment for electrocution, cervical spine sprain and strain with radiculopathy - rule out disc bulges, thoracic spine sprain and strain, bilateral shoulders sprain and strain, right elbow and forearm sprain and strain, and right wrist, hand, and fingers sprain and strain. Medical records (4-23-15, 6-30-15, 8-18-15, and 10-19-15) indicate ongoing complaints of right hand, fingers, and arm pain with associated numbness, tingling, and weakness, frequent to intermittent "moderate radiating" neck pain, and "mild to moderate" pain and stiffness in the upper back. The 10-19-15 record indicates "slight improvement" in right hand, fingers, and arm pain, "decreased pain" with chiropractic treatment of neck pain, and "improved" upper back pain. The physical exam (10-49-15) reveals "mild to moderate" tenderness on palpation in the cervical spine. Range of motion is noted to be "improved", but is diminished. Decreased sensation is noted in the C3-7 dermatomes in the upper extremities. "Mild" palpable tenderness is noted in the thoracic spine. Kemp's test is positive. "Moderate" palpable tenderness is noted in the right shoulder. Range of motion is noted to be "slightly improved", but is diminished. Appley's Scratch and Apprehension tests are positive. The right elbow reveals "mild to moderate" palpable tenderness. Range of motion is diminished. The right hand and wrist reveals "mild to moderate" tenderness on palpation. Diminished range of motion, decreased sensation in the C6-7 dermatomes, and decreased grip strength are noted. Tinel's and Phalen's signs are positive. The right fingers reveal "mild" palpable tenderness with "improved" range of motion. Range of motion is diminished.

Diagnostic studies have included an EMG-NCV study of bilateral upper extremities. Treatment has included physical therapy, medications and chiropractic and physiotherapy treatment. The number of chiropractic and physiotherapy treatments received is not provided in the reviewed records. However, a total of 30 sessions were ordered by the provider for the dates 4-23-15, 6-30-15, and 8-18-15. The treatment plan is 6 additional chiropractic sessions. The utilization review (10-29-15) includes a request for authorization of additional chiropractic care and physiotherapy, 6 visits. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care and physiotherapy, 6 visits: 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 neck, bilateral shoulders, and right upper extremity. Previous treatments include medications, physical therapy, chiropractic, and home exercises. According to the available medical records, the claimant experienced slight improvements with chiropractic treatments, cervical range of motion slightly improved. Although MTUS guidelines do not recommend chiropractic treatments for the forearm, wrist, and hand, the claimant has had at least 24 chiropractic visits from May to October 2015. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.