

Case Number:	CM15-0222656		
Date Assigned:	11/18/2015	Date of Injury:	12/19/2002
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/12/2015

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: Chiropractic

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 60 year old female with an industrial injury date of 03-27-1999. Medical record review indicates she is being treated for cervical spine strain-sprain, thoracic spine strain-sprain and bilateral wrist strain-sprain. Subjective complaints (10-21-2015) included "frequent severe" pain in her head, shoulders, mid back and both arms and hands. She rated her pain as 9 out of 10. The treating physician noted the injured worker's condition prevented her from carrying out activities of daily living and "she rates this inability a 5 on a scale of 1-10." Other complaints included pain in right leg and left hand. Objective complaints (10-21-2015) noted right wrist extension was 80% of normal with pain with range of motion. Tinel's and Phalen's sign were present on the right. Median nerve test revealed weakness bilaterally and Owner nerve test was positive bilaterally. Cervical spine range of motion was painful with bilateral paraspinal myospasm from cervical 2-thoracic 5. Range of motion of thoracolumbar spine was also painful. Prior treatments included chiropractic treatments (number of visits unclear). In the treatment note dated 05-21-2015 the injured worker reported significant relief with the last authorized treatment regimen. She stated her pain was reduced by approximate 20% "but continues to return to her over time." In the 09-23-2015 note the treating physician noted the injured worker had "no active treatment for four months." On 10-29-2015 the request for additional chiropractic manipulation cervical and thoracic spine, shoulders and wrists (sessions) quantity 6 was modified (by utilization review) to a quantity of 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation cervical and thoracic spine, shoulders and wrists (sessions) Qty:
6: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Shoulder, Wrist Forearm & Hand/Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical spine, shoulders and wrists injuries in the past. The total number of chiropractic sessions is unknown and not specified in the records provided for review. The past chiropractic treatment notes are present in the materials provided and were reviewed. The treatment records in the materials submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The ODG recommends 9 sessions of chiropractic care over 8 weeks with additional sessions with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The ODG Neck and Upper Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." The MTUS and ODG do not recommend manipulation for the wrists. There have been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The number of chiropractic sessions to date is not specified. The UR department has modified the request and approved 2 additional sessions. Since objective functional improvement has been shown with the past care and the body regions in question have been bundled into the same request I find that the 6 additional chiropractic sessions requested to the cervical spine, thoracic spine, shoulders and wrists to be medically necessary and appropriate.