MAXIMUS Federal Services

Case Number:	CM15-0031113		
Date Assigned:	02/24/2015	Date of Injury:	09/29/2014
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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
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 37-year-old female who reported an injury on 09/29/2014. On 01/12/2015, she presented for a follow-up evaluation regarding her work related injury. She reported neck pain and bilateral forearm and hand paresthesias. She noted her pain to be frequent and present at least 75% or more of her waking hours. She rated her pain at a 7/10 to 8/10. It was noted her past treatments had included occupational medicine, physical therapy, and chiropractic treatment. A physical examination showed tenderness to palpation of the posterior cervical paraspinal, upper trapezius, and levator scapulae. There was chronic musculature guarding of the upper dorsal musculature and moderate to marked tenderness on palpation over the scalene musculature without referral to the arms. Cervical hyperextension and maximum foraminal compression tests were positive for neck pain but negative for peripheralizing pain into the upper extremities. Elevated arm stress test and sustained elbow flexion were both positive, causing increased tingling in the 4th and 5th fingers. Range of motion was noted to be decreased in the cervical spine with flexion at 45 degrees, extension at 50 degrees, right sided bending at 35 degrees, left sided bending at 40 degrees, right rotation at 80 degrees, and left rotation at 75 degrees. Strength was noted to be 5/5 bilaterally and range of motion of the right and left shoulder was noted to be equivocal. There was no tenderness reported over the medial epicondyles and there was slight tenderness on palpation over the lateral epicondyles. Sensation was noted to be diminished along the medial aspect of the forearms and hands, consistent with ulnar nerve distribution at the level of the elbow. The treatment plan was for an additional 6 sessions of chiropractic therapy. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 of chiropractic visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines state that chiropractic therapy is recommended at a frequency of 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition and may continue at 1 treatment per week for the next 6 weeks. The maximum duration is 8 weeks. Chiropractic therapy is not recommended for the ankle, foot, carpal tunnel syndrome, forearm, wrist, hand, or knee. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical spine, shoulders, and elbows. However, further clarification is needed regarding how many sessions of chiropractic therapy she had completed to date, as well as her response to those sessions in terms of a quantitative decrease in pain and an objective improvement in function. Also, the body part that chiropractic therapy is being requested for was not stated within the request. Without this information, the request would not be supported. Therefore, the request is not medically necessary.