

Case Number:	CM15-0034160		
Date Assigned:	02/27/2015	Date of Injury:	01/18/2008
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 66 year old male, who sustained an industrial injury on 1/18/08. On 2/23/15, the injured worker submitted an application for IMR for review of Chiropractic care 2 times a week for 6 weeks. The treating provider has reported the injured worker complained of persistent neck, left lateral shoulder, bilateral wrist and lower back pain and decreased sensation of left hand finger tips and dorsal thumb web. The diagnoses have included sprain/strain unspecified site of knee and leg; carpal tunnel syndrome; unspecified derangement shoulder region; displacement cervical/thoracic/lumbar intervertebral disc without myelopathy; other aftercare following surgery. Treatment to date has included carpal tunnel release (2/3/14). On 1/27/15 Utilization Review MODIFIED Chiropractic care 2 times a week for 6 weeks allowing 6 sessions only. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic two times per week times six weeks (12 visits) are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervical spine disc bulges; possible right shoulder internal derangement; probable left shoulder internal derangement; right wrist surgery; left carpal tunnel syndrome; and right middle finger surgery. Subjectively, the injured worker has no new complaints but has continued pain about the neck, lower back, right and left shoulder, right and left wrist and hand and right middle finger. Objectively, the treating physician handwrote right lateral shoulder, right small (illegible) tip; right dorsal long web are all diminished. The treating physician indicated the injured worker did not receive any prior chiropractic treatment. The guidelines recommend a trial of six visits over two weeks. The treating physician requested 12 sessions (two times per week times six weeks). This is in excess of the recommended guidelines. Consequently, absent compelling clinical documentation according to guideline recommendations, chiropractic two times per week times six weeks (12 visits) is not medically necessary.