

Case Number:	CM15-0051178		
Date Assigned:	03/24/2015	Date of Injury:	10/19/2011
Decision Date:	11/30/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: Physical Medicine & Rehabilitation

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 55 year old female with an industrial injury date of 10-19-2011. Medical record review indicates she is being treated for cervical herniated nucleus pulposus and bilateral wrist carpal tunnel syndrome. Subjective complaints (01-20-2015) included cervical spine pain on right side, right shoulder pain, tingling and burning sensation of bilateral hands and cold intolerance. Prior treatment included cervical spine epidural injection, carpal tunnel surgery and medications. Medical record review did not indicate prior chiropractic treatment visits. Objective findings (01-20-2015) included positive Spurling's, increased spasm with stiffness. There was cervical 6 decreased sensation and decreased sensation to bilateral wrists. On 03-10-2015 the requests for Consult with Neurologist and Chiro Services with Modalities & Exercises was deemed not medically necessary by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Neurologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient presents on 01/29/15 with neck, right shoulder, left elbow, and bilateral hand pain. The patient's date of injury is 10/19/11. Patient is status post endoscopic left carpal tunnel release on 08/14/14. The request is for consult with neurologist. The RFA was not provided. Physical examination dated 01/29/15 reveals tenderness to palpation of the cervical spine and paraspinal musculature with mild spasms noted, tenderness over the dorsum of the right wrist with a dorsal ganglion noted, positive Tinel's and Phlan's sign bilaterally, with diffuse swelling over the volar aspect of the left wrist. The patient's current medication regimen is not provided. Patient's current work status is not provided. MTUS guidelines, Pain Outcomes and Endpoints section, page 8 has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In regard to the consultation with a neurologist for this patient's ongoing multi-system complaints, the request is appropriate. There is some evidence of neurology consultations in the records provided, though no recent follow up visits. This patient presents with continuing disability and pain in her cervical spine, shoulder, elbow, and bilateral hands secondary to industrial injury and a history of surgical intervention. ACOEM and MTUS guidelines indicate that such consultations are supported by guidelines at the care provider's discretion. Given this patients ongoing complaints and surgical history, a consultation with a specialist could improve this patient's course of care. Therefore, the request is medically necessary.

Chiro Services with Modalities & Exercises: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents on 01/29/15 with neck, right shoulder, left elbow, and bilateral hand pain. The patient's date of injury is 10/19/11. Patient is status post endoscopic left

carpal tunnel release on 08/14/14. The request is for chiro services with modalities & exercises. The RFA was not provided. Physical examination dated 01/29/15 reveals tenderness to palpation of the cervical spine and paraspinal musculature with mild spasms noted, tenderness over the dorsum of the right wrist with a dorsal ganglion noted, positive Tinel's and Phlan's sign bilaterally, with diffuse swelling over the volar aspect of the left wrist. The patient's current medication regimen is not provided. Patient's current work status is not provided. MTUS Guidelines, Manual Therapy and Manipulation section, page 40 states: Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in function that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of-motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines a. Time to produce objective functional gains: 3-5 treatments b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the unspecified series of chiropractic manipulation/exercise for this patient's chronic pain complaints, the requesting physician has not provided documentation of functional improvements attributed to prior treatments or specified an appropriate frequency/duration. MTUS guidelines indicate that 3-6 sessions of chiropractic therapy are appropriate for conditions of this nature, and that additional sessions are contingent upon functional benefits. MTUS guidelines also support 8-10 sessions of physical/occupational therapy (which the "modalities and exercises" portion fall under). Per progress note dated 01/29/15, it is indicated that this patient was approved for a series of 6 acupuncture treatments with pain relief noted. In addition, she has also completed at least 8 occupational therapy treatments with modest improvements (2/6 occupational therapy goals met, per the final progress note dated 09/17/14). Furthermore, the request for "chiro services with modalities and exercises" does not specify the desired number of visits, therefore compliance with guideline recommendations regarding duration and frequency cannot be established. Without clear documentation of the number of desired visits, or evidence of functional improvement attributed to prior physical medicine/chiropractic modalities, additional sessions cannot be substantiated. The request is not medically necessary.