

Case Number:	CM15-0053447		
Date Assigned:	03/26/2015	Date of Injury:	10/29/2012
Decision Date:	05/05/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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 49 year old female, who sustained an industrial injury on 10/29/12. She reported neck injury. The injured worker was diagnosed as having left shoulder impingement syndrome, left wrist carpal tunnel syndrome and cervical spine discopathy. Treatment to date has included cervical spine surgery (2012), physical therapy, chiropractic treatment, oral medications and activity restrictions. Currently, the injured worker complains of pain in neck and left shoulder associated with numbness of the left hand. Upon physical exam tenderness is noted to palpation over the cervical spinous process of C3, 4, 5, 6 and 7 and associated paraspinal muscles with pain on range of motion, palpable tenderness is felt over the acromioclavicular joint, subacromial joint, deltoid and posterior region of the left shoulder with decreased range of motion and tenderness is felt over the distal ulnar joint and dorsal aspect of both wrists with pain on flexion and extension of the wrist bilaterally. The treatment plan for the date of service 1/12/15 includes request for follow up appointment for pharmaceutical management and possible surgery. The PTP is requesting 9 sessions of chiropractic care retrospective to 9/26/14 to 11/26/14, to an unspecified body region.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective DOS: 09/26/14 to 11/26/14) Chiropractic visits Qty: 9.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Shoulder, Hand & Wrist Chapters, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care for her injuries. The request made for 9 retrospective sessions is vague in that the body regions to which the request is directed are not specified. Prior chiropractic documentation and treatment notes are absent from the records submitted for review. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The ODG Wrist & Hand Chapter does not recommend manipulation. The ODG Shoulder Chapter recommends 9 sessions over 8 weeks. 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 records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic treatment notes are absent from the records. The requested 9 sessions far exceed The MTUS recommendations especially when the body regions are not specified. I find that the unspecified number of chiropractic sessions requested to the cervical spine/wrists/left shoulder to not be medically necessary and appropriate.