

Case Number:	CM15-0054974		
Date Assigned:	03/30/2015	Date of Injury:	07/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 33 year old female, who sustained an industrial injury on 07/09/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, wrist sprain/strain, and shoulder sprain/strain. Treatment to date has included x-ray of the left shoulder, laboratory studies, chiropractic care, acupuncture, magnetic resonance imaging of the right shoulder with arthrogram, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the left wrist with arthrogram, and status post open reduction with internal fixation to the right distal forearm. In a progress note dated 01/29/2015 the treating physician reports complaints of pain on palpation to the bilateral sacroiliac joint, to the bilateral lumbar paravertebral area, bilateral suboccipital area, and bilateral paraspinal areas. The treating physician also noted constant numbness on the first and second fingers on the right hand. The treating physician requested continuation of chiropractic treatments, but the documentation provided did not indicate the specific reason for this requested treatment and the body parts treatment has been requested for has not been specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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, Low back, Wrists, Forearm and Hand and Shoulder Chapters, Manipulation Sections/MTUS Definitions page 1.

Decision rationale: The patient has received prior chiropractic care for her injuries per the records provided. There are multiple body parts involved. The PTP is requesting the care to 5 body regions: Wrists and hands, elbows, shoulder, neck and low back. The number of sessions is not specified. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. Manipulation is not recommended by The MTUS to the wrists, hands and elbow. The ODG Neck & Upper Back, Low Back Chapters 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 Shoulder Chapter recommends 9 sessions of chiropractic care over 8 weeks (limited run of care). 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 PTP describes some improvements with past treatments but no objective measurements are listed. The MTUS does not recommend manipulation for the wrists, hands and elbows. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic care treatment notes are not available for review in the materials provided. I find that the unspecified number of chiropractic sessions requested to the cervical spine, lumbar spine, wrists and hands, elbows and shoulder to be not medically necessary and appropriate.