

Case Number:	CM14-0122000		
Date Assigned:	08/06/2014	Date of Injury:	01/19/2013
Decision Date:	10/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of a cumulative trauma work injury while performing repetitive computer work with symptoms beginning in 2009 and with date of injury of 01/19/13. Testing included EMG/NCS testing on 10/04/13 which was negative. An MRI scan of the cervical spine on 10/07/13 showed findings of multilevel disc bulging. She continues to be treated for a diagnosis of a repetitive strain. On 04/22/14 she was having neck, shoulder, forearm, and wrist pain. Physical examination findings included decreased range of motion and muscle tenderness. Tinel's sign was negative. Recommendations included continued chiropractic treatments two times per week for six weeks. On 01/28/14 she was having ongoing neck, shoulder, forearm, and wrist pain. She had completed acupuncture treatments. She continued at temporary total disability. Physical examination findings included cervical paraspinal, upper trapezius, forearm, and wrist tenderness. There was a positive left Spurling's test. Anaprox and Protonix were refilled. On 03/26/14 her cervical spine range of motion had continued to improve. She was beginning to develop symptoms of depression. Chiropractic treatments were continued. On 04/22/14 she was having neck, shoulder, forearm, and wrist pain. Physical examination findings included decreased range of motion. Authorization for an epidural injection and continued chiropractic treatments two times per week for six weeks were requested and are referred to as functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration for the bilateral upper extremities and cervical spine, two sessions per week for six weeks: 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 & manipulation, Page(s): 58-59.

Decision rationale: The claimant is more than 1 year status post work-related injury and continues to be treated for a chronic repetitive motion injury involving the neck, shoulder, forearm, and wrist. Treatments have included medications, acupuncture, and extensive chiropractic care. She has not returned to work. Functional restoration in the form of continued chiropractic treatments two times per week for six weeks was requested. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits over 2 weeks and a total of up to 18 visits over 6-8 weeks. Treatment beyond 4-6 visits should be documented with objective improvement in function. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. In this case, the claimant's chiropractic treatments have not resulted in improved function or decreased pain. Additionally, the requested frequency and number of treatments is in excess of recommended guidelines and therefore not medically necessary.