

Case Number:	CM14-0131680		
Date Assigned:	08/20/2014	Date of Injury:	06/21/2010
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 licensed in Chiropractic and is licensed to practice in New York. 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:

Upon review of the medical records provided the applicant was a 31 year old female whom sustained a work related injury that occurred with insidious onset likely due to the repetitive nature of her work. A date of injury was documented as 6/21/10. She works admitting patients at [REDACTED]. She mostly did administrative work involving typing data in a computer. She had been working for two years before she started to have symptoms. Thus far, treatment has consisted of medications, supports, cortisone injections to the left forearm, shoulder and neck which were helpful for a few months but never pain free. Trigger point injections to the left trapezius muscles. She has received TENS (Transcutaneous Electric Nerve Stimulation), occupational therapy, Physical therapy, acupuncture and 15 chiropractic sessions. MRI of the cervical spine demonstrated disc disease at C3/4 and C4/5 and MRI of the left shoulder demonstrated shoulder thickening along inferior glen humeral ligament. The medical records indicated the applicant still has persistent neck pain and pain in the shoulders, muscles spasms, stiffness and tightness which comes and goes. There is cervical spinal tenderness, trapezius and shoulder girdle. Upon review of medical report dated 8/4/14 the applicant started having left forearm pain throughout the work day with a random onset of 2010. Treatment consisting of physical therapy, chiropractic treatment and acupuncture treatment was indicated as not given her any significant relief over time. Pain at the time of the evaluation was a 1/10 (10 being the worst). There were no upper or lower extremity sensory deficits or pain associated with spinal nerve root disorders. Cervical spinal ranges of motion were indicated as being somewhat restricted in all planes of motion without pain at end ranges of motion of cervical flexion and extension. Upper extremity ranges of motion shoulder flexion and extension right and left were indicated as being restricted with increased left shoulder pain at end range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment for Left Upper Extremity/Cervical: 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 and Manipulation. Decision based on Non-MTUS Citation TWC-19th annual edition, Neck and Upper Back Manipulation and ODG Chiropractic Guidelines-TWC Shoulder Manipulation Chapter.

Decision rationale: The proposed chiropractic treatment to the cervical spine and left upper extremity is not medically necessary or appropriate. The records clearly indicated that prior treatment has given any significant relief. 12 additional chiropractic sessions were requested at the same time a physiatry evaluation was referred for possible epidural facet injection. The referral for the injection was recommend to due to she has not noticed much improvement. Although, the MTUS Chronic Pain Medical Treatment Guidelines identify that manual therapy and manipulation would be recommended for chronic pain if caused by a musculoskeletal condition. The MTUS Chronic Pain Medical Treatment Guidelines do not address manual manipulation of the cervical spine. Although, the guidelines do comment on Forearm, wrist & hand which is part of the upper extremity, the MTUS guidelines do not recommended manipulation or manual therapy for these regions. The ODG Chiropractic Guidelines-Neck and Upper Back (Acute & Chronic) Procedure Summary for a cervical strain/sprain recommends a trial of six visits over 2-3 weeks with documented functional improvement. And a total of up to 18 visits over 6-8 weeks, avoid chronicity. There was no indication of any significant change in the subjective complaints and/or the objective findings. The documentation provided does not support that ongoing chiropractic treatment had any significant improvement with the use of chiropractic manipulation to the cervical spine. With regards to the ODG Chiropractic Guidelines-TWC Shoulder Manipulation Chapter, the request for manipulation to the shoulder and upper arm would not be sanctioned under the guidelines. The applicant already received 15 visits with no functional objective significant improvement with chiropractic treatment. The request for additional chiropractic treatment would not be sanctioned under the ODG chiropractic guidelines. The Guidelines for sprain and strains of shoulder and upper arm, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. 9 visits total over 8 weeks. At this point in time the applicant has received 15 and exceeds the guidelines. Upon review of all the provided medical assessments, the prior treatment received did not continue to produce satisfactory clinical gains. Therefore, the request of Chiropractic Treatment for Left Upper Extremity/Cervical is not medically necessary and appropriate.