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| Case Number: | CM14-0136126 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 02/09/2012 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 California. 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 injured worker is a 62-year-old female with a reported injury on 02/09/2012 when she tripped over blower dryer/curling cords at her employment as a hairstylist. She fell on her left wrist and left shoulder striking the metal foot rest of the salon chair, and experienced immediate pain and swelling of her left wrist. Her husband drove her to [REDACTED] facility where x-rays were reported negative for fracture possibly due to the amount of swelling present. Repeat x-rays were performed on 02/21/2012 were still negative for fracture. In follow-up evaluation on 03/28/2012, x-rays revealed healing fracture. On 04/06/2012, an MRI was obtained of the left wrist and assessed: 1) healed nondisplaced extra-articular distal radius fracture on the left, and 2) ulnar positive variance with ulnar-sided wrist pain and probable TFCC tear. The chiropractor's first report of occupational injury or illness reports the patient presented for chiropractic care on 03/10/2014. She reported right neck pain traveling down the right arm and hand, and pain in the left forearm and wrist. By examination, cervical range of motion was decreased in all planes, C6 and C7 DTRs diminish bilaterally, C6-C8 dermatome decreased on the left, and wrist flexion/extension was decreased (4/5) bilaterally. The chiropractor diagnosed cervicobrachial syndrome and recommended chiropractic care at a frequency of 2 times per week for 6 weeks. From 03/10/2014 through 07/01/2014, the patient treated with chiropractic care on 15 occasions for ongoing complaints of neck and left wrist pain. The chiropractor's PR-2 of 04/11/2014 reports the patient presented with neck and left wrist pain, no measured objectives were reported, and the patient was diagnosed with left wrist sprain/strain, cervical brachial syndrome and cervical VSC. The chiropractor recommended 6 chiropractic visits from 04/11/2014 through 07/11/2014. The chiropractor's PR-2 of 06/06/2014 reports the patient presented with neck and left wrist pain, no measured objectives were reported, and the patient was diagnosed left wrist sprain/strain, cervical brachial syndrome and cervical VSC. The chiropractor recommended

chiropractic care at a frequency of 1 time per week for 7 weeks. On 05/12/2014, the medical provider reported, "I think this is appropriate time for her to be rated permanent and stationary." On 06/10/2014, the medical provider requested authorization for the patient to continue chiropractic treatment for another 12 visits. On 06/12/2014, the chiropractor recommended continued chiropractic care at a frequency of 1 time per week for 6 weeks in the care of the patient's left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six chiropractic visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: Regarding the cervical spine, the request for 6 sessions of chiropractic from 04/11/2014 through 07/11/2014 in the care of cervical spine complaints is not supported to be medically necessary. MTUS guidelines support a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ACOEM will be referenced regarding the request for chiropractic treatment to the cervical spine. ACOEM reports physical manipulation is optional for neck pain early in care only. The date of injury is 02/09/2012 and on 04/11/2014, more than 2 years after date of injury, the chiropractor recommended 6 additional chiropractic visits from 04/11/2014 through 07/11/2014. At the time of request for chiropractic care the patient's condition was no longer in the early stage of care during which ACOEM reports manipulation is optional; therefore, ACOEM does not support medical necessity for cervical spine manipulation to this patient from 04/11/2014 through 07/11/2014. Regarding the left wrist, the request for 6 sessions of chiropractic from 04/11/2014 through 07/11/2014 in the care of wrist complaints is not supported to be medically necessary. MTUS does not support medical necessity for chiropractic treatment sessions for wrist complaints. Regarding treatment of carpal tunnel syndrome, and forearm, wrist, and hand complaints, MTUS reports the following: Manual therapy and manipulation are not recommended in the treatment of carpal tunnel syndrome or in the treatment of forearm, wrist, and hand complaints. The request for Six Chiropractic Visits is not medically necessary.