

Case Number:	CM14-0145668		
Date Assigned:	09/12/2014	Date of Injury:	08/27/2002
Decision Date:	10/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old female with an 8/27/02 date of injury. At the time (8/21/14) of the request for authorization for chiropractic therapy 6x3 neck, chiropractic therapy 6x3 shoulder, and chiropractic therapy 6x3 upper extremities, there is documentation of subjective (increased pain posterior neck, upper trapezii, both upper arms, both brachioradialis areas and right medial elbow area and both wrists and both hands) and objective (tenderness, pain, spasm, and decreased strength bilateral shoulders; moderate decrease in abduction range of motion; decreased cervical spine range of motion) findings. The current diagnoses are neck muscle strain, left trapezius strain, right trapezius strain, left forearm muscle strain, and right forearm muscle strain. The treatment to date includes chiropractic treatment. The number of chiropractic therapy visits completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with chiropractic therapy visits completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Six times a week for three weeks for the Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck muscle strain, left trapezius strain, right trapezius strain, left forearm muscle strain, and right forearm muscle strain. In addition, there is documentation of treatment with previous chiropractic therapy. However, the number of chiropractic therapy visits completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with chiropractic therapy visits completed to date. Therefore, based on guidelines and a review of the evidence, the request for chiropractic therapy six times a week for three weeks for the neck is not medically necessary.

Chiropractic Therapy Six times a week for three weeks for the Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck muscle strain, left trapezius strain, right trapezius strain, left forearm muscle strain, and right forearm muscle strain. In addition, there is documentation of treatment with previous chiropractic therapy. However, the number of

chiropractic therapy visits completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with chiropractic therapy visits completed to date. Therefore, based on guidelines and a review of the evidence, the request for chiropractic therapy six times a week for three weeks for the shoulder is not medically necessary.

Chiropractic Therapy Six times a week for three weeks for the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck muscle strain, left trapezius strain, right trapezius strain, left forearm muscle strain, and right forearm muscle strain. In addition, there is documentation of treatment with previous chiropractic therapy. However, the number of chiropractic therapy visits completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with chiropractic therapy visits completed to date. Therefore, based on guidelines and a review of the evidence, the request for chiropractic therapy six times a week for three weeks for the upper extremities is not medically necessary.