

Case Number:	CM14-0150746		
Date Assigned:	09/19/2014	Date of Injury:	08/16/2013
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 52-year-old female who reported an injury on 08/16/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical sprain; lumbar radiculopathy; carpal tunnel syndrome; shoulder impingement; and internal derangement of the knee, not otherwise specified. The past medical treatment consists of chiropractic therapy, physical therapy, and medication therapy. Medications included hydrocodone, zolpidem, Nexium and capsaicin. On 08/14/2014, the injured worker complained of cervical spine, shoulder and hand pain. It was noted on physical examination that the cervical spine was tender at the paravertebral muscles. Spasm was present. Range of motion was restricted. Muscle strength and sensation were grossly intact. Examination of the shoulders revealed tenderness to palpation. Range of motion was reduced in flexion and abduction. Impingement sign was present. Examination of the hands revealed Tinel's and Phalen's test were positive bilaterally. Grip strength was reduced bilaterally. Sensation was reduced in bilateral nerve distribution. Examination of the lumbar spine revealed paravertebral muscles were tender. Spasm was present. Range of motion was restricted. Straight leg raise test was positive on the right. Sensation was reduced in the right L5 distribution. Medical treatment plan is for the injured worker to continue with medications and continue with chiropractic therapy. The provider feels that the chiropractic therapy is helping with the injured worker. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3x4 neck, back, right knee, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Chiropractic Page(s): 58.

Decision rationale: The request for Chiropractic 3x4 neck, back, right knee, and left shoulder is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain is caused by musculoskeletal conditions is recommended. 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 a patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The submitted documentation indicated that the injured worker had been having pain relief with chiropractic therapy. However, the reports do not indicate how many sessions the injured worker has already completed. The MTUS Guidelines suggest a total of up to 18 visits over 6 to 8 weeks with documented evidence of achievement of positive symptomatic or objective measurable gains. There was no such evidence submitted for review. Furthermore, the request as submitted is for an additional 12 chiropractic therapy sessions, exceeding the recommended guidelines. Given the above, the injured worker is not within recommended guidelines. As such, the request is not medically necessary.