

Case Number:	CM14-0165530		
Date Assigned:	10/10/2014	Date of Injury:	09/22/2006
Decision Date:	11/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 a licensed Chiropractor 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 patient is a 60 year old female who was injured on 09/22/2006. The mechanism of injury is unknown. Prior medication history included Tramadol, Percocet, omeprazole, and Gabapentin. In the latest progress report dated 05/20/2014, the patient complained of constant headaches rated as an 8/10; neck pain radiating to the upper extremities rated as an 8-9/10; low back pain radiating to lower extremities rated as 7-8/10. On exam cervical range of motion revealed flexion to 30; extension to 35; right rotation to 60; left rotation to 60; right lateral flexion 30; left lateral flexion 30. Her bilateral wrists range of motion revealed flexion to 60; extension to 50; radial deviation 15; ulnar deviation 20. Lumbar range of motion revealed flexion to 25; extension to 0; right lateral flexion to 5 and left lateral flexion to 5. The patient is diagnosed with lumbar radiculopathy; bilateral wrist/hand internal derangement and adjustment disorder. The patient was recommended for 8 outpatient sessions of chiropractic treatment. Prior utilization review dated 09/12/2014 states the request for six sessions of chiropractic treatments is certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 8 sessions of chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: A review of the medical records does not indicate this patient has had an initial 6 visits of chiropractic care. The CA-MTUS guideline allow for an initial course of 6 visit over a two week period with up to 18 visits allowed over a 6-8 week period. The request for 8 Chiropractic treatments falls outside the guidelines recommendations of 6 visits. Further, the request for 8 Chiropractic treatments does not specify which body parts are to be treated (Lumbar, Cervical, Wrists and or Lower extremities). The guidelines do not recommend Chiropractic treatment for the wrists, hands elbows or knees. Per The CA MTUS guidelines, Chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. "Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." Moreover, the records do indicate this patient's inability to perform normal ADLs (activities of daily living); however, they do not specify goals to be achieved in this patient's functional capacity and an eventual return to normal ADLs and RTW (return to work) as recommended by the guidelines. Therefore, the request for 8 Chiropractic treatments is not medically necessary.