

Case Number:	CM14-0088527		
Date Assigned:	07/23/2014	Date of Injury:	03/10/2013
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/12/2014

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 patient is a 44-year-old female born on [REDACTED]. She has a reported date of injury on 03/10/2013, but no history of a 03/10/2013 injury was provided for this review. The patient was seen in medical follow-up on 11/22/2013 with complaints of right wrist pain with gripping, radiates to right elbow and right thumb, and complaints of inflammation under armpit and right arm. The objective findings on 11/22/2013 were reported as Jamar: right 8.8.6 and left 32.32.30, tenderness in right snuffbox and thumb MCP joint, and tenderness in right medial epicondyle. Diagnoses were reported as contusion of wrist/hand and contusion of elbow and forearm. In medical follow-up on 12/30/2013 (date of injury 03/10/2013), the patient reported complaints of right wrist pain with gripping, twisting, radiates to right elbow and thumb; and complaints of tightness and pain in the shoulder area. Diagnoses were noted as contusion of wrist/hand and contusion of elbow and forearm. The treatment plan included functional capacity evaluation, pain management, medications and return to clinic 01/20/2014. The Doctor's First Report of Occupational Injury or Illness reports the patient presented on 02/18/2014 relative to an injury on the same date. The 02/18/2014 report notes the patient seen for follow-up on right arm pain, "patient states while I was taking vital signs to a patient and another coworker hit my right shoulder. The patient is under treatment for right elbow and right wrist and hand right now due to injury on 03/10/2013." On 02/18/2014, the patient was diagnosed with right shoulder sprain. The patient presented for medical care on 04/17/2014, and The Doctor's First Report of Occupational Injury or Illness is completed in difficult to decipher handwritten script. The record reports date of injury as 03/10/2013; computed tomography 03/11/2013-04/04/2014, but no history of injury was noted. The record appears to report complaints of 4/10 cervical spine pain, 6/10 right shoulder pain, and 6/10 elbows-wrist pain. Findings on examination included significant tenderness bilateral trapezius, limited right shoulder range of motion (ROM), A/C joint

tenderness, tenderness scapular area, limited ROM in epicondyle area, right wrist/hand tenderness, and limited lumbar spine ROM with tenderness. The patient was diagnosed with cervical spine sprain/strain rule out herniated nucleus pulposus, lumbar spine sprain/strain rule out herniated nucleus pulposus, and other diagnoses illegible. The treatment plan of 04/17/2013 included chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment three (3) times a week for two (2) weeks for the Cervical Spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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: The request for 6 sessions of chiropractic care for the cervical spine is not supported to be medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines supports 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. The ACOEM reports physical manipulation is optional for neck pain early in care only. The date of injury is 03/10/2013, and chiropractic care was recommended on 04/17/2013, more than 1 year after the date of injury. 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.