

Case Number:	CM14-0091848		
Date Assigned:	07/25/2014	Date of Injury:	08/05/2011
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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 & 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:

This 60- year-old patient sustained an injury on 8/5/11 while employed by [REDACTED]. Request(s) under consideration include 12 Chiropractic visits Cervical Spine. Diagnoses include Carpal Tunnel Syndrome s/p release and right shoulder arthroscopic debridement and decompression cuff repair. Report of 4/25/14 from the provider noted the patient with continued ongoing chronic right shoulder, neck and bilateral arm pain with stiffness. The patient was noted to complete all her physical therapy with continued symptoms; has been taking Norco. Treatment included chiropractic care for the neck. Report of 6/24/14 from the provider noted the patient with persistent neck, right wrist/hand pain rated at 9/10; been taking Norco decreasing pain level to 6/10. Exam showed cervical spine with decreased range (no degree or planes specified); tenderness to paraspinals bilaterally; positive Spurling's; diffuse decreased sensation on right C5-C8, normal on left; right hand/wrist with weak grip strength of 4/5; positive Tinel's/Phalen's; palpable mass at radial side of volar aspect at right wrist. Diagnoses include cervical spine sprain/strain; chronic right shoulder rotator cuff tendinitis and labral tear with impingement syndrome; bilateral carpal tunnel releases; volar ganglion cyst; possible right ulnar neuropathy; s/p right shoulder arthroscopy and decompression. The patient was to remain TTD status and continued on medications with refills. The request(s) for 12 Chiropractic visits Cervical Spine was non-certified on 5/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic visits Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: This 60 year-old patient sustained an injury on 8/5/11 while employed by [REDACTED]. Request(s) under consideration include 12 Chiropractic visits Cervical Spine. Diagnoses include Carpal Tunnel Syndrome s/p release and right shoulder arthroscopic debridement and decompression cuff repair. Report of 4/25/14 from the provider noted the patient with continued ongoing chronic right shoulder, neck and bilateral arm pain with stiffness. The patient was noted to complete all her physical therapy with continued symptoms; has been taking Norco. Treatment included chiropractic care for the neck. Report of 6/24/14 from the provider noted the patient with persistent neck, right wrist/hand pain rated at 9/10; been taking Norco decreasing pain level to 6/10. Exam showed cervical spine with decreased range (no degree or planes specified); tenderness to paraspinals bilaterally; positive Spurling's; diffuse decreased sensation on right C5-C8, normal on left; right hand/wrist with weak grip strength of 4/5; positive Tinel's/Phalen's; palpable mass at radial side of volar aspect at right wrist. Diagnoses include cervical spine sprain/strain; chronic right shoulder rotator cuff tendinitis and labral tear with impingement syndrome; bilateral carpal tunnel releases; volar ganglion cyst; possible right ulnar neuropathy; s/p right shoulder arthroscopy and decompression. The patient was to remain TTD status and continued on medications with refills. The request(s) for 12 Chiropractic visits Cervical Spine was non-certified on 5/27/14. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of therapy sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered with patient remaining TTD. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The 12 Chiropractic visits Cervical Spine is not medically necessary and appropriate.