

Case Number:	CM14-0218357		
Date Assigned:	01/08/2015	Date of Injury:	12/04/2013
Decision Date:	03/04/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 is a female patient with an injury date of 12/04/2013. The mechanism of injury is described as having had hyperextended her hand secondary to a box falling on her left arm and shoulder causing pain. A primary treating office visit note dated 10/01/2014 described the patient with complaint of left shoulder pain. NCS/EMG results pending and MRI with negative findings. Physical examination found cervical range of motion normal with moderate pain. Her left hand is noted with contusion and tenderness to palpation upon the left first metacarpals. She is able to make a fist. The following diagnosis are applied; left contusion hand resolved, active cervical strain, resolved hand strain metacarpophalangeal joint, active shoulder region contusion, left rotator cuff degenerative tear resolved and brachial plexus injury active. Will consider full duty job trial after next follow up. The plan of care described that the shoulder and hand pain appear to be cervicobrachial secondary to direct brachial plexus injury. She is rather flared up this visit, continue with chiropractic sessions. A primary treating follow up visit dated 11/15/2014 reported documentation describing permanent disability rating schedule. It also reported radiographic results performed 01/28/2014 MRI of left hand found minimal tenosynovitis involving flexor tendons to the long finger. MRI of the left thumb performed 02/07/2014 showed no acute injury but there are chronic changes of the proximal radial capsular first MCP joint with scarring and bowing, shallow stripping of the radio capsule/accessory tissue from the first metacarpal head volar to the impact radial collateral ligament origin. MRI of the cervical spine performed on 03/24/2014 showed straightening of the normal cervical lordosis; otherwise normal. MRI of the left shoulder performed on 04/30/2014 showed tendinosis of the confluence of the posterior

fibers of the supraspinous and anterior fibers of the infraspinous at the footprint. There is also tendinosis of the intraarticular long head biceps tendon. Nerve conduction study performed on 05/29/2014 was normal. A request for services dated 12/08/2014 asking for 12 chiropractic sessions treating the cervical spine. The Utilization Review denied the request on 12/12/2014 as not meeting medical necessity requirements. Per a PR-2 dated 11/6/14, the claimant has intensified pain since her return to work. Chiropractic helped the neck prior to return to work. The physician has declared her permanent and stationary and states that the future medical allows up to 8 chiropractic sessions per year. The claimant's work restrictions did not change with chiropractic care and the restrictions remain the same as prior to chiropractic. Per a PR-2 dated 10/24/14, the claimant's pain the shoulder has only improved a little with chiropractic. Per a PR-2 dated 10/1/14, the claimant is rather flared up with continued chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Manipulation for Cervical Spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders. Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back \(Acute & Chronic\)](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine;Table%202,Summary%20of%20Recommendations,Cervical%20and%20Thoracic%20Spine%20Disorders.Official%20Disability%20Guidelines;Work%20Loss%20Data%20Institute,LLC;Corpus%20Christi,TX;www.odg-twc.com;Section:Neck%20and%20Upper%20Back(Acute%20&%20Chronic))

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. The claimant did not make any functional improvement with chiropractic and was declared permanent and stationary with the same restrictions. The provider fails to document objective functional improvement as a result of chiropractic treatment. Therefore further visits are not medically necessary. Furthermore, the future medical only allows up to 8 visits per year and the physician is requesting 12 visits which exceeds the recommendation.