

Case Number:	CM15-0113970		
Date Assigned:	06/22/2015	Date of Injury:	01/19/2014
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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:

The injured worker is a 31 year old female who sustained an industrial injury on 1/19/14 from a slip and fall. Diagnoses are cervicothoracic spine strain, rule out left C7-C8 radiculopathy, bilateral shoulder sprain, left elbow medial epicondylitis, rule out ulnar canal syndrome, bilateral wrist sprain with left carpal tunnel syndrome and bilateral De Quervain's, lumbar spine strain with left sciatic, rule out L5-S1 radiculopathy, left hip pain, and contributing factors; pre-existing stress/depression/anxiety, and recent attempted suicide. In an initial comprehensive orthopaedic report dated 4/1/15, the primary treating physician notes current complaints of cervical spine constant pain at 5/10 and occasional pain at 9/10. Shoulder pain is frequent and rated at 5/10 in the right equal to left shoulder and occasional pain rated 9/10 in the right equal to left scapula and posterior greater than the anterior deltoid. She has a frequent moderate to occasional severe pain, numbness and weakness of the hands equally, rated at 5/10 at best and 9/10 at the worst. Wrist pain is noted as 9/10 at the worst pain. Low back pain is constant, moderate, and severe and rated as 9/10 at the worst and 5/10 at the best. The bilateral lower extremities are weak with occasional giving way approximately 2 times a month. Pain radiating from the lumbar spine is also noted. A long history of depression and anger management is noted with an overdose of pain pills in 2014. It is noted that the injured worker need to be psychologically more stable prior to orthopaedic treatment and, cannot give her medications due to attempted suicide. Medications prescribed 4/1/15 were Cyclobenzaprine/tramadol cream and Ibuprofen topical cream. A replacement of her transcutaneous electrical nerve stimulation unit was requested, as her current unit does not work. She reports increased pain with activities of

daily living and trouble getting restful sleep as she wakes at night due to pain. Work status on 4/1/15 is noted as temporary total disability through 6 weeks. Physical exam of the cervicothoracic spine and upper extremities notes tenderness to palpation, there are no trigger points and cervical compression is positive bilaterally. Cervical spine range of motion was flexion 49 degrees, extension 24 degrees, left lateral bend 38 degrees, right lateral bend 24 degrees, left rotation 30 degrees, right rotation 14 degrees. Deep tendon reflexes of biceps, triceps, and brachioradialis are all 2+ bilaterally. There is decreased sensation in the ulnar aspect of the left forearm and ulnar nerve territory of the left hand. Grip strength on the right is 20 and left is 14. Shoulder exam notes there is tenderness to palpation and impingement test is negative. Tinel's sign is positive at the left elbow and there is pain to palpation of the left medial epicondyle. Wrist exam notes pain to palpation, Phalen's test is negative on the right and positive on the left, Tinel's sign is negative bilaterally, and Finkelstein's test is positive bilaterally. Lumbar spine and lower extremity exam notes tenderness to palpation, antalgic gait, tingling in the left leg with tiptoe walking and pain with heel walking. Straight leg raise is positive bilaterally and Supine Lasegue's is negative on the right at 50 degrees and positive on the left at 20 degrees. There is tenderness to palpation of the left trochanters. McMurray's test is positive on the left knee and negative on the right. There is 1+ patellar grinding on the left. Ankle and foot exam notes pain to palpation of the medial joint line on the left and tenderness to palpation at the right forefoot. Xray of the cervical spine (flexion and extension) on 4/8/15 notes the impression as straightened cervical curvature likely relating to muscle spasm and restricted cervical spine motion throughout flexion and extension. Xrays of the thoracic spine, lumbar spine, right shoulder, left shoulder, left elbow, right wrist, left wrist on 4/8/15 notes the impressions as unremarkable plain radiographs. Xray of the left hip on 4/8/15 notes the impression as degenerative marginal osteophyte off the superior lateral articular surface of the acetabulum again seen and pelvic phleboliths again seen in comparison with the x-ray done 3/7/14. Per a 4/1/15 physician progress report, previous treatment includes physical therapy, acupuncture, chiropractic therapy, and a lumbar spine epidural injection -July 2014. The requested treatment is chiropractic treatment (x12) for cervical, lumbar and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x12 for cervical, lumbar & bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/29/15 denied the treatment request for an additional 12 visits of Chiropractic care to the patient's cervical, lumbar spine and bilateral shoulder citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records of physician management over the preceding 17 months did reflect Chiropractic management but failed to account for any objective functional gains supporting additional care. The CAMTUS Chronic Treatment Guidelines support additional care when evidence of functional improvement is provided. None was provided leading to denial of care. Records reviewed and CAMTUS Chronic Treatment Guidelines do not support the medical necessity for additional care.