

Case Number:	CM15-0126604		
Date Assigned:	07/13/2015	Date of Injury:	06/05/2013
Decision Date:	08/11/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: Chiropractic

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 injured worker is a 27 year old male who reported an industrial injury on 6/5/2013. His diagnoses, and or impression, were noted to include: thoracic spine sprain/strain with myalgia and myositis; right wrist sprain/strain with carpal tunnel syndrome; right knee sprain/strain; right ankle sprain/strain; and stress, anxiety and depression. Recent x-rays of the thoracic spine, right wrist, right shoulder and right ankle were done on 1/15/2015; no current imaging studies were noted. His treatments were noted to include diagnostic studies; an agreed medical evaluation on 6/2/2015; medication management with toxicology screenings; and rest from work. The progress notes of 5/8/2015 reported a follow-up evaluation for complaints which included moderate-severe pain in the thoracic spine, right shoulder, right wrist, right knee, and right ankle, some of it radiation, some associated with numbness/tingling, and all of it aggravated by activities. Objective findings were noted to include: obesity; tenderness and spasms in the thoracic muscles, with positive Kemp's; tenderness in the right shoulder with positive supraspinatus Press test and decreased range-of-motion; tenderness in the right wrist with positive Phalen's test; tenderness in the left knee with positive McMurray's test and decreased/painful range-of-motion; and tenderness in the right ankle with positive inversion test and decreased/painful range-of-motion. The physician's requests for 6 additional treatments were noted to include chiropractic treatments for the thoracic spine, right shoulder and right wrist to improve and increase range-of-motion, activities of daily living, decrease pain, and to restore functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the thoracic spine, right wrist, right shoulder, and right knee, twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Wrist Forearm and Hand, Shoulder, Knee/Manipulation.

Decision rationale: The patient has received chiropractic care for his injuries in the past. It is unclear however to which body regions the treatments have been rendered. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter also recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. The ODG Wrist, Forearm and Hand and Knee Chapters do not recommend manipulation. The MTUS does not recommend manipulation to the same regions. The ODG recommends a short course of chiropractic care for the shoulder 9 sessions over 8 weeks. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the past care per the treating physician's progress notes reviewed. It is not possible to determine medical necessity of manipulation to 4 body regions when the past chiropractic treatments are absent. It is not known which body regions have been treated by a chiropractor. The guidelines do not recommend manipulation to the wrist and knee. I find that the 6 additional chiropractic sessions requested to the thoracic spine, right shoulder, right wrist and right knee to not be medically necessary and appropriate.