

Case Number:	CM15-0171220		
Date Assigned:	09/11/2015	Date of Injury:	04/06/2010
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on 04-06-2010. She has reported injury to the right hand. The diagnoses have included CRPS (complex regional pain syndrome) involving both upper extremities and both lower extremities; left upper extremity overuse-compensatory; depression: situational; and cervical fascia inflammation. Treatment to date has included medications, diagnostics, wrist support, TENS (transcutaneous electrical nerve stimulation) unit, occupational therapy, injections, psychotherapy, chiropractic therapy, physical therapy, and spinal cord stimulator implantation. Medications have included Lyrica, Tramadol, Lidoderm Patch, Neurontin, Butrans Patch, Cymbalta, Pennsaid, Norco, and Zantac. A progress note from the treating physician, dated 07-23-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the bilateral upper and lower extremities; the pain level today is rated as 7 out of 10 in intensity in both arms, and a 5 out of 10 in intensity in both legs; she gets intense headaches with nausea and sometimes vomiting; her aquatic water therapy and exercises "help quite a bit"; the setting of the stimulator for the upper extremities was changed, which gave her better coverage for the upper torso and the right upper extremities; and the Patient said "really helps". Objective findings included the right hand remains swollen and warm to touch; "I think this is the first time that I felt her hand to be warm and not cold"; and the right upper extremity does not appear the usual purplish blotchy color that it has been in the past. The treatment plan has included the request for chiropractic care with massage 1 times 6 weeks for both upper and lower extremities. The original utilization review, dated 08-18-2015, non-certified a request for additional chiropractic care with massage 1 times 6 weeks for both upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro with massage 1 times 6 weeks for both upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Forearm & Hand, Knee, Foot and Ankle/Manipulation.

Decision rationale: The patient has received chiropractic care for her upper and lower extremity injuries in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date have been reported by UR review notes to be 26. 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 and The ODG Wrist, Forearm and Hand and Foot & Ankle Chapters do not recommend manipulation. 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 have been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. The MTUS does not recommend manipulation for the upper and lower extremities. I find that the 6 additional chiropractic sessions with massage requested to the upper and lower extremities are not medically necessary and appropriate.