

Case Number:	CM13-0054556		
Date Assigned:	12/30/2013	Date of Injury:	08/29/2006
Decision Date:	03/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is Licensed in Chiropractic 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 physician 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 is a 34-year-old female who sustained injury on 08/29/2006. She has been under care of [REDACTED]. Her treatment history includes massage therapy, home exercise program, and 2 sessions of chiropractic treatments. A follow up note dated 12/02/2013 indicates she received 2 chiropractic therapy treatments, which have been quite helpful. Her symptoms, otherwise, remain unchanged. Objective findings included slight trapezial and paracervical tenderness on the right. The provocative maneuvers for thoracic outlet syndrome were positive on the right. Tinel sign and elbow flexion test were negative at the cubital tunnels. There was mild lateral epicondylar tenderness on the right. Grip strength was diminished on the right. She was diagnosed with right thoracic outlet syndrome, right upper extremity tendonitis, right trapezial and paracervical strain, right lateral epicondylitis, and resolved right cubital tunnel syndrome. Treatment plan was chiropractic treatments twice weekly for the next 6 weeks as part of her future medical care. Her condition remained permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS FOR THE CERVICAL AND THORACIC SPINE, 2 X 6:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Education/Exercise.

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

Decision rationale: The request is for chiropractic treatment 2x a week for 6 weeks (total 12 sessions). As per the CA MTUS guidelines, it is recommended for musculoskeletal pain with intended goal to achieve positive symptomatology or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation helps moving a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. A provider's note dated 02/02/2013 indicates she had 2 chiropractic therapy treatments which was quite helpful. However, there is no documentation regarding objective functional improvement. Additionally, the provider noted that "her condition remains permanent and stationary." The provider's previous note dated 10/23/2013 showed no changes in exam findings. Additionally, the guidelines recommend frequency of 1 to 2 times per week for first 2 weeks and then treatment may be continued at 1 treatment per week for the next 6 weeks depending on severity of the condition with maximum duration of 8 weeks. At week 8, the patient should be reevaluated for continued treatment. The requested treatment of 12 sessions exceeds the guidelines recommended number of treatments. Therefore, the request is non-certified.