

Case Number:	CM14-0140605		
Date Assigned:	09/10/2014	Date of Injury:	04/17/2014
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is licensed in Chiropractic and Acupuncture 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 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/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:

The injured worker is a 44 year old male who reported bilateral shoulder, left elbow, left wrist and left thumb pain from injury sustained on 04/17/14, when he caught his thumb in a forming machine. MRI revealed digital flexor pollicis longus tendinosis or partial tear of the left 1st inner phalangeal ulnar collateral ligament partial tear on the left. Patient is diagnosed with bilateral shoulder sprain/strain with clinical impingement, left upper extremity neuropathy, left thumb laceration, left elbow medial and lateral epicondylitis, left wrist sprain/strain, digital flexor pollicis longus tendinosis or partial tear of the left 1st inner phalangeal ulnar collateral ligament partial tear on the left. Patient has been treated with medication, acupuncture, physical therapy and chiropractic. Per medical notes dated 07/29/14, patient complains of intermittent bilateral shoulder pain rated as moderate and radiating to his entire arm with numbness and tingling. Pain increases after work and decreases with pain medication. He states therapy and acupuncture helps decrease his pain temporarily. He is able to do more activities of daily living. Per chiropractic progress notes dated 08/06/14, patient complains of bilateral shoulder, elbow and wrist pain rated at 4/10 with no change. Provider requested additional 2 times a week for 6 weeks chiropractic treatments which were denied due to lack of functional improvement with previous visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Sessions, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59..

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation Page 58-59: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care is not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW (return to work) is achieved then 1-2 visits every 4-6 months. Treatment parameters from stated guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per chiropractic progress notes dated 08/06/14, patient complains of bilateral shoulder, elbow and wrist pain rated at 4/10 with no change. Provider requested additional 2 times a week for 6 weeks chiropractic treatments which were denied due to lack of functional improvement with previous visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore MTUS guidelines do not recommend Chiropractic for hand or wrist pain. Per review of evidence and guidelines, additional 12 Chiropractic visits are not medically necessary.