MAXIMUS Federal Services

Case Number:	CM13-0054411		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2013
Decision Date:	06/17/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 Board Certified 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 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 patient is a 30-year-old male who was injured on 02/06/2013 by a fallen drill that struck him in the left shoulder and upper dorsal area and bounced striking the back of the left hand. The patient's medications as of 03/05/2013 include: Norco, Voltaren, Protonix, Ultram, Percocet, Dendracin, and Flexeril. Diagnostic studies reviewed include MRI of the left hand dated 03/25/2013 reveals an unremarkable exam. X-rays of the hand, 4 views, dated 02/20/2013 show a normal radiography of the left hand. Status report dated 03/05/2013 states the patient presents with complaints of neck and upper back pain and is constant averaging 8/10 on a pain scale. His neck and upper back pain increases with driving and movement of the head and neck in all ranges. He denies any radiation into the upper extremities. The left shoulder pain is reported at 8/10 and his left hand is at 9/10. On exam, palpation of the occipital ridge and suboccipital musculature produced localized pain. Palpation of the posterior cervical paraspinals, upper trapezius, and left levator scapulae musculature produced moderate to severe tenderness with spasms noted. Palpation along the superior and medial scapulae borders and thromboid musculature produced marked tenderness. There were spasms noted in the left rhomboid musculature. Deep tendon reflexes were active and symmetrical in the upper and lower extremities except to the left brachial and triceps which was 1+. Sensation to pinprick was intact in the upper and lower extremities except the left 4th and 5th digits that were reduced. Motor strength evaluation in the upper extremities was 5/5 (normal) for deltoids, triceps, wrist flexors, wrist extensors, finger flexors; finger extensors, and finger abductors. The left shoulder reveals no evidence of gross deformity. There were no scars visible and the skin was normal in color. Palpation of the left shoulder revealed 4+ residual tenderness over the patient's left shoulder glenohumeral joint and supraspinatus tendon, with 4+ palpably apparent swelling of the glenohumeral joint. Range of motion exhibits flexion to 80; extension to 0; abduction to 70; and external rotation to 10. Deep tendon reflexes on the left are 2+ except triceps and brachioradialis are 1+, and deltoids and biceps are 4+. Diagnostic impression is left shoulder derangement, left

wrist derangement and radiculopathy. The treatment plan includes a request for an authorization for 8 sessions of chiropractic therapy; request for cervical, left shoulder, and left wrist MRI studies; a request for an authorization for NCV/EMG of the upper extremities was also requested and the patient was given an interferential stimulation unit for pain management and a left wrist support.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC ONCE A WEEK FOR FOUR WEEKS FOR LEFT SHOULDER AND HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This case is clearly chronic and treatment appears to have been somewhat successful. MTUS Guidelines for chronic pain indicate "Maximum duration 8 weeks. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life." In this case, treatment may be continued at 1 treatment every other week until the employee has reached plateau and maintenance treatments have been determined. Thus, the request is non-certified.