

Case Number:	CM13-0039742		
Date Assigned:	12/20/2013	Date of Injury:	11/22/2009
Decision Date:	11/02/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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. 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, Minnesota

Certification(s)/Specialty: Chiropractor

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 55 year old female who sustained an industrial injury on 11-22-2009. Medical records indicated the worker was treated for neck and right upper extremity arm pain. Diagnoses included bilateral shoulder impingement and bursitis, possible cervical radiculopathy, right wrist extensor tendinitis, and left shoulder adhesive capsulitis. Treatments included medications, a left shoulder arthroscopy (10-2010), and left shoulder manipulation (01-2011). The worker is seen on 03-19-2013 with complaint of pain in shoulders, the neck, and both upper extremities. She rated her pain at a 6 on a scale of 0-10 and reported radiation of pain down the right arm and into her hand with numbness. Her right shoulder was stated to now be much worse than the left shoulder. The worker at that time was offered chiropractic treatment versus acupuncture treatment and wished to hold off at that time. She was placed on medications including Norco, Naproxen, Trazodone, Omeprazole, and Dendracin lotion. A cervical MRI was done 04-30-2013. X-rays of the bilateral shoulders on 05-09-2013 demonstrated right shoulder mild acromioclavicular degenerative joint disease, and the left shoulder showed evidence of previous acromioclavicular joint resection. There was evidence of right wrist mild degenerative joint disease. An Electromyogram - Nerve conduction study (04-15-2013) was normal for the upper extremities. A review of the cervical MRI done 04-30-2013 showed minimal degenerative disc disease with facet arthropathy and C4-5, and moderate right neural foraminal narrowing without evidence of canal stenosis at any level. Cervical herniated nucleus pulposus and cervical radiculopathy was diagnosed. Chiropractic care for the cervical spine was prescribed. Chiropractic - physiotherapy of the bilateral shoulders and right wrist 2x a week for four weeks for strengthening and conditioning was recommended (05-09-2013). At that time, the range of motion of the left shoulder was 0-160 degrees forward flexion, 0-150 degrees abduction, 0-60

degrees internal and external rotators, and 0-40 degrees adduction and extension. There was positive tenderness to palpation over the AC joint with direct palpation. Positive impingement and bursitis was present. Range of motion of the right shoulder was 0-180 degrees forward flexion, 0-170 degrees abduction, 0-80 degrees internal and external rotation, and 0-50 degrees adduction and extension. It also had positive impingement and bursitis. The right wrist-hand examination showed extension 0-70 degrees. Radial deviation was 0-20 degrees; ulnar deviation was 0-40 degrees. There was negative Phalen's, Negative Tinel's, negative carpal compression test and a negative carpometacarpal grind test. There was positive tenderness over the extensor tendons, and full range of motion of all metacarpal and interphalangeal joints. The worker was encouraged to have home exercise, and a right wrist brace. Medications were reported to decrease her pain and increase her function. In the provider notes of 06-11-2013, the worker had neck pain at a 6 on a scale of 0-10, and cervical and thoracic spine tenderness bilaterally. Chiropractic treatments were continued one to two times weekly with documentation through 07-11-2013. A request for authorization was submitted for 10 Retrospective Chiropractic sessions for the right wrist and bilateral shoulders. A utilization review decision 09/30/2013 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Retrospective Chiropractic sessions for the right wrist and bilateral shoulders: 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 rationale: According to the above MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The guidelines do not recommend manipulation to the wrist and shoulder. The doctor requested 10 retrospective chiropractic sessions for the right wrist and bilateral shoulders. The request for treatment to the wrist and shoulders is not recommended and therefore the treatment is not medically necessary and appropriate.