

Case Number:	CM14-0056015		
Date Assigned:	07/09/2014	Date of Injury:	01/01/2011
Decision Date:	10/20/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/25/2014

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. 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: 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 was a 38 year old female, who sustained an industrial injury, January 1, 2011. The injured worker suffered a slip and fall. According to progress note of March 12, 2015, the injured worker's chief complaint was substantial symptoms involving both elbows with constant numbness in the right and small fingers. The physical exam noted tenderness about the right shoulder directly over the biceps tendon with milder tenderness on the left side. The provocation testing about the shoulder was positive for Hawkin's and Neer's sign on the right. There was tenderness in the paracervical region. The cubital compression tests were positive bilaterally which cause right axilla pain. The sensation to light touch was somewhat attenuated in the fourth and fifth digits of both hands. Right cubital surgery was scheduled for March 18, 2015. The injured worker was undergoing treatment for history of bilateral carpal tunnel syndrome, status post right carpal and cubital tunnel release on December 18, 2013, status post left carpal and cubital tunnel release on February 26, 2014, bilateral shoulder tendinopathy, right shoulder strain and or sprain, residual bilateral ulnar neuropathy with subluxation and status post redo right ulnar decompression within the cubital tunnel, internal neurolysis of the ulnar nerve at the right elbow with internal lengthening of the motor branches with microscopic dissection and Z-lengthening of the common flexor origin of the flexor muscle mass of the right elbow on March 18, 2015. The injured worker previously received the following treatments Celebrex, Protonix, Ultram, psychological services and therapeutic exercise. The RFA (request for authorization) dated March 17, 2015; the following treatments were requested 12 chiropractic sessions for the right shoulder and bilateral upper extremities. The UR (utilization review board)

denied certification on April 7, 2014; for the chiropractic services requested for 12 chiropractic session for the right shoulder and bilateral upper extremities which was modified to 10 session for the left upper extremity. Due to postoperative care for the left upper extremity would be indicated. The injured worker had already received postoperative care for the right upper extremity and there was indication for continued therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (x12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, General Approach, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic pain in bilateral shoulders and upper extremities. While MTUS guidelines do not address chiropractic treatments for the shoulder, ACOEM guidelines only recommend chiropractic treatment for frozen shoulders. Chiropractic manipulation for the forearms, wrist, hands, and carpal tunnel syndromes are not recommended by MTUS guidelines. In this case, the claimant is diagnosed with cubital tunnel syndromes, right shoulder sprain/strain, and carpal tunnel syndromes. Based on the guidelines cited, the request for 12 chiropractic visits for the shoulders and bilateral upper extremities is not medically necessary.