

<b>Case Number:</b>	CM13-0011014		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 physician 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 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 36 year old female who sustained an injury to her left shoulder, elbow and wrist on 1/5/13. The mechanism of injury is not discussed in the records provided. Patient has been treated with medications, pain relief ointments, 8 sessions of acupuncture and chiropractic therapy to include traction, diathermy, therapeutic exercises, EMS, fluidotherapy and iontophoresis rendered during the chiropractic treatment sessions. The diagnoses assigned by the treating physician are left shoulder sprain/strain, left wrist sprain/strain and left elbow medical epicondylitis. A urine drug test was rendered to monitor the patient's compliance with her prescription drug treatment regimen. An MRI of the left elbow taken on 5/13/13 was unremarkable. An MRI of the left shoulder taken on 5/13/13 showed osteoarthropathy of the AC joint, subchondral cysts/erosions at the lateral aspect of the humeral head and minimal glenohumeral joint effusion. An MRI of the left wrist taken on 5/13/13 evidenced a subchondral cyst at the proximal pole of scaphoid and lunate bones. Per billing records provided 12 sessions of chiropractic care were rendered from 4/16/13 to 7/1/13 to the left shoulder, elbow, wrist, cervical spine and lumbar spine. A request for 8 sessions of chiropractic care to the left shoulder, left elbow, left wrist and lower back was made in July 2013 and was denied by UR. It was submitted for review to [REDACTED] and the IMR reviewer upheld the UR decision on 8/19/13. The PTP is appealing this request for 8 sessions of chiropractic care but this time the request is for the left shoulder, left elbow and left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Chiropractic visits, 2 times a week for 4 weeks of left shoulder, left elbow, left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-49.

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

**Decision rationale:** This is a chronic case. Records provided for review describe care to the cervical spine, lumbar spine, left shoulder, left wrist and left elbow. The treatment cards provided in the records show treatment was rendered from 4/16/13 to 7/1/13 and record the body part that treatment was provided to and the severity of pain during each visit. The severity remained at "moderate" throughout the treatments. In the treatment records provided the clinicians have a box to check for every treatment. The box is labeled "no objective changes." This box was checked for treatment date 4/16/13 and for date 7/1/13. There are no objective functional improvement data from the treatment rendered in the records as defined in the MTUS definitions. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. 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." ODG Chronic Pain Chapter, Manipulation and Manual therapy section also states that manipulation is "recommended as an option" for the shoulder but "not recommended" for forearm, wrist and hand." ODG Shoulder chapter states for the sprains and strains of shoulder and upper arm: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks." Given that objective functional improvements and measurable gains do not exist in the chiropractic records for the 12 visits rendered and as defined in the MTUS, I find that the 8 chiropractic sessions to the left shoulder, left elbow and left wrist to not be medically necessary and appropriate.