

Case Number:	CM13-0025191		
Date Assigned:	11/20/2013	Date of Injury:	01/31/2012
Decision Date:	02/14/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/17/2013

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. 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:

Patient is a 57 year old male who on 1/31/12 sustained injures his right shoulder, arm and wrist while performing his duties as an insurance claims adjuster as verified by QME report provided in the records. Job related activities included repetitive hand, arm and shoulder use to perform intensive keyboarding, answering phones and using a mouse to navigate on his computer. He was seen by a physician and treated with medications, 6 physical therapy sessions and 6 chiropractic therapy sessions. Diagnoses provided by the PTP were Brachial Neuritis, Bursitis of the elbow and Wrist Enthesopathy. A limited number of cortisone injections were provided to the right shoulder and elbow and work limitations were imposed. Multiple diagnostic studies were performed to include an MRI, ultrasound and NCV test. MRI scan of the shoulder showed Shoulder impingement. Ultrasound exam of the right elbow showed mild edema and thickening in the right common extensor origin. The PTP is requesting 8 chiropractic sessions to right shoulder, elbow and wrist per the improvements noted with chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks to the right shoulder, elbow and wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 1, Chronic Pain Treatment Guidelines Manual therapy and Manipulation Section Page(s): s 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow and wrist sections, Manual therapy and manipulation

Decision rationale: The request is for 2 chiropractic care sessions to the right shoulder, elbow and wrist for 4 weeks. Extensive records were provided demonstrating objective functional improvement before and after the chiropractic care rendered. Manual therapy and manipulation section of the Chronic Pain Treatment Guidelines p. 58-60 state that manual therapy and manipulation "are recommended for chronic pain if caused by musculoskeletal conditions." It also states that the "goal is to achieve positive symptomatic and/or objective measurable gains in functional improvement." For the shoulder and the elbow, the ODG guidelines Manipulation and Manual Therapy section recommends manipulation as an option. Specifically for the shoulder 9 visits over 8 weeks are recommended. For the elbow the ODG recommends "up to 3 visits contingent on objective improvement documented. Further trial visits up to 3 more contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy. For the wrist manipulation is not recommended per ODG, however ODG states under that for the wrist, 9 visits over 8 weeks (despite the lack of convincing evidence). In this case the documentation of objective functional improvement is extensive for the manipulation of wrist for this patient and therefore further treatment is warranted. The ODG Treatment Parameters from state guidelines states that "time to produce effect: 4-6 months, Maximum duration: 8 weeks, patient should be re-evaluated. 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." This has been shown in the well documented records. The MTUS Chronic Pain Guidelines states that therapeutic care should be a "trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks... need to re-evaluate treatment success." 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. Well documented chiropractic records show clear objective functional improvements over a period of 6 weeks per MTUS to be present. I find the requested 8 sessions of chiropractic care to be medically necessary.