

Case Number:	CM13-0026364		
Date Assigned:	11/22/2013	Date of Injury:	06/27/2011
Decision Date:	02/07/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

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 licensed 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:

71 year old Female injured herself at work while working on computers, with pain in her shoulder, arm and hand on the left side with a date of injury of 6/27/2011. She has been treating conservatively with her PTP, a Physical Medicine and Rehabilitation physician who has provided her physical therapy referrals, medications and chiropractic referrals. Diagnostic impression has been left shoulder internal derangement, left lateral epicondylitis, left de quervains tenosynovitis and left carpal tunnel syndrome. 9 Reports were reviewed from September 2012 to August 2013 by this doctor, all with similar diagnosis and follow up. In June 2013 the doctor made a request for chiropractic care of 12 visits which was reviewed by UR and certified on 6/25/2013. She was seen by the chiropractor initially on 6/28/2013 as secondary physician with report issued by the chiropractor on 7/1/2013 for the 6/28/2013 date of service evaluation and initiation of treatment. Follow up report by chiropractor was issued August 12, 2013. In this report it was outlined improvements with the care the patient had experienced with the treatment to the upper extremity left sided, neck pain, mid back pain and headaches via pain scales. The report discussed a request for additional 12 visits, 3 times a week for 4 weeks, by the PTP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions three (3) times a week for four (4) weeks to left upper extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual Therapy Section Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient was injured in 6/27/2011; treatment record submitted is from 9/18/2012 to the current date and nothing prior to that. The patient has been treated conservatively by the PTP with medications and referrals to physical therapy and chiropractic. The reports show multiple request for physical therapy and some hand written notes show 18 visits of physical therapy, though actual treatment details was not legible. The reports by the PTP during this time noted no changed in functional improvement. Chiropractic care was also offer to the patient and was authorized by UR on 6/25/2013 for 12 visits. From that course of care the chiropractor noted some pain level improvements but no functional improvements with the care. The PTP and chiropractor requested 12 additional visits to the left upper extremity as of 8/12/2013. This was reviewed by UR and non certified on 8/20/2013. In this case, CA MTUS is silent on manual therapy or manipulation of the shoulder and it is not recommended for the wrist, hand, forearm or carpal tunnel syndrome. The Official Disability Guidelines (ODG) guideline does allow manipulation for the shoulder at 9 visits over 8 weeks in decreased frequency with active self care. ACOEM does allow for some manipulation for frozen shoulder like symptoms for a few weeks. There is no documentation of active self care or frozen shoulder like symptoms in this case and there have been 12 visits already. There are notes showing progress with chiropractic care for many areas of the body on a pain level basis, but there is no documentation of functional improvement in the patient by the chiropractor or the PTP. A request for chiropractic care to the left upper extremity at 3 times a week for 4 weeks is not supported.