

Case Number:	CM13-0029700		
Date Assigned:	03/28/2014	Date of Injury:	02/11/2011
Decision Date:	08/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 53 year old female who was injured on 02/11/2011 sustaining a right hand, shoulder, arm, upper back injury. The mechanism of injury is unknown. Prior treatment history has included Naprosyn and topical Flurbiprofen cream. She also had chiropractic treatment and massage and completed 16 plus physical therapy visits. The patient had one trigger point injection to the upper back which she says provided temporary relief. Diagnostic studies showed the patient stated she previously received cervical MRI and was told that it was essentially within normal limits. She also previously received an EMG nerve conduction study on the right upper extremity and also was told it was within normal limits. These tests were not noted in the medical records. A progress note dated 07/11/2013 documented the patient to have complaints of problems with the right shoulder, right upper back and right upper extremity. The objective findings on exam included examination of the musculoskeletal region revealing normal range of motion on upper extremity exam. The right shoulder with tenderness, crepitus, pain, normal range of motion, causes pain on range of motion on the right side. The trigger point on the right trapezius, supraspinatus and cervical paraspinals. The patient reports past medical massage helped a lot with greater than 50% improvement in pain and function. The patient needs additional sessions authorized soon. The examination of the cervical spine revealed bilateral tenderness and pain. The lower extremity exam was within normal limits. The diagnoses included shoulder pain, osteoarthritis of the shoulder, cervical arthritis and myofascial muscle pain. The plan noted was the patient reports past medical massage helped a lot, greater than 50% improvement in pain and function. The patient needs additional sessions authorized soon. I requested 4 additional sessions. The patient reports past chiropractor helped a lot with 50% improvement in pain and function. The patient needs additional sessions authorized soon. A progress note dated 02/04/2014 documented the patient with complaints of ongoing pain that

starts in her right cervical region transverse to the posterior scapula with numbness and tingling down her arm top her hand. She describes her ongoing pain as 1-2/10 with her medication and 8/10 without medications on an analog scale. The objective findings on exam revealed motor tests 5/5 strength in all major myotomes of upper extremities bilaterally. Deep tendon reflexes are symmetric and (1/4) biceps, triceps, and brachioradialis. There is no scapular winging from flexion or abduction. She has a negative Spurling's maneuver bilaterally. She has taut bands palpated in the right rhomboid major and left levator scapulae. The right shoulder exam reveals she has a mildly positive impingement sign and the rest of the exam is essentially unremarkable. The negative Hawkin's, negative O'Briens's test, no tenderness to palpation over the acromioclavicular joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC VISITS, #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: The medical report dated 2/04/2014 appears to document an essentially unremarkable examination of the right upper extremity. It is not established that the patient presents with any clinically significant flareup or exacerbation of her 2011 industrial injury. The medical records do not establish failure with attempts of self-care measures which would include ice, heat, stretching/range of motion exercising, activity modification, and judicious use of medications. The medical necessity of chiropractic care has not been established at this time. As such, the request is not medically necessary.

MEDICAL MASSAGE, 4 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

Decision rationale: The guidelines state the benefits of massage were registered only during treatment. The massage is a passive intervention and treatment dependence should be avoided. The examination performed on 2/4/2014 does not appear to demonstrate the presence of any functional deficits on examination. It is not established that the patient presents with a significant flare-up or exacerbation of her chronic conditions. The medical records do not establish failure of self-care measures. The medical necessity for the course of massage therapy has not been established. As such, the request is not medically necessary.

