

Case Number:	CM13-0063401		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2012
Decision Date:	04/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational 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 applicant is represented [REDACTED] employee who has filed a claim for chronic elbow, wrist, and shoulder pain reportedly associated with an industrial injury of February 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; elbow epicondylar release surgery and ulnar nerve transposition; first dorsal compartment release surgery; and work restrictions. In a utilization review report of November 27, 2013, the claims administrator denied a request for eight sessions of chiropractic manipulative therapy for the right wrist, right elbow and bilateral shoulders. The applicant's attorney subsequently appealed. In a January 13, 2014 letter, the attending provider notes that the applicant has longstanding wrist, elbow, and shoulder pain. The applicant has completed at least six sessions of manipulative therapy up through November 8, 2013 it is stated. The applicant was placed off of work, on total temporary disability, as of that point. The attending provider goes on to state that both ACOEM and ODG support manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES 4 FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not address the topic of manipulative therapy for the elbow. As noted in the 2007 ACOEM Elbow Complaints Chapter, Table 4, page 40, there is "no recommendation" on manipulation as a physical treatment method for the elbow. In this case, as noted with the wrist, the applicant has had at least six sessions of chiropractic manipulative therapy to date, despite the tepid ACOEM recommendation. The applicant has failed to respond to favorably to the same. The fact that the applicant remains off of work, on total temporary disability, despite having completed at least six sessions of chiropractic manipulative therapy imply the lack of functional improvement as defined in MTUS 9792.20f. Accordingly, the request is not certified, on independent medical review.

CHIROPRACTIC TREATMENT 2 TIMES 4 FOR THE ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 4, 40.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not address the topic of manipulative therapy for the elbow. As noted in the 2007 ACOEM Elbow Complaints Chapter, Table 4, page 40, there is "no recommendation" on manipulation as a physical treatment method for the elbow. In this case, as noted with the wrist, the applicant has had at least six sessions of chiropractic manipulative therapy to date, despite the tepid ACOEM recommendation. The applicant has failed to respond to favorably to the same. The fact that the applicant remains off of work, on total temporary disability, despite having completed at least six sessions of chiropractic manipulative therapy imply the lack of functional improvement as defined in MTUS 9792.20f. Accordingly, the request is not certified, on independent medical review.

CHIROPRACTIC TREATMENT 2 TIMES 4 FOR THE BILATERAL SHOULDERS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of manipulative therapy for the shoulder, the body part in question here. While the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, do state that manipulation has been described as "effective" for the applicants with frozen shoulder, ACOEM further notes that

the period of time is limited to a few weeks as a result of decrease over time. In this case, the applicant has had already had at least six prior sessions of chiropractic manipulative therapy. The applicant has failed to affect a favorable response to the same. The fact that she remains off of work, on total temporary disability, despite having completed at least six sessions of manipulative therapy implies a lack of functional improvement as defined in MTUS 9792.20f despite prior treatment in excess of the several week course endorsed by ACOEM. Therefore the request remains non-certified, on independent medical review.