

Case Number:	CM13-0064354		
Date Assigned:	01/15/2014	Date of Injury:	05/09/2011
Decision Date:	03/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 35-year-old female with date of injury of 05/09/2013. The listed diagnoses per [REDACTED] are: (1) Cervical radiculopathy, (2) Shoulder pain, (3) Elbow pain, (4) Hand pain, (5) Carpal tunnel syndrome. According to report dated 10/14/2013 by [REDACTED], the patient presents with continued complaints of neck, right shoulder, right elbow, and right hand pain. Upon examination of the cervical spine, there was restrictive range of motion with lateral rotation to the left limited to 80 degrees and lateral rotation to the right limited to 75 degrees. There was normal flexion and extension noted. On examination of paravertebral muscles, spasm, tenderness, and allodynia to right cervical paraspinal, right upper trapezius, and right rhomboids were noted. Spurling's maneuver causes pain in the muscles of the neck with no radicular symptoms. Examination of the right shoulder reveals restricted movements with internal rotation behind body limited to 30 degrees and external rotation limited to 90 degrees. Hawkins and Neer's tests are positive. Lift-off test is positive and Popeye sign is negative. On palpation, tenderness is noted in the acromioclavicular joint biceps group and deltoid bursa. Examination of the right elbow reveals tenderness to palpation noted over the medial epicondyle. Tinel's sign is noted as positive. Examination of the right wrist shows positive Tinel's sign and tenderness to palpation noted over surgical incisions of the palm. Examination of the right hand showed Finkelstein test as positive. Treating physician is requesting chiro x6 sessions, acupuncture x6 sessions, and trigger point injection (cervical, paravertebral, right trapezius, and right rhomboids).

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic visits-C/S to the right shoulder, elbow, hand and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Section Page(s): 58-59.

Decision rationale: This patient presents with continued complaints of right shoulder, elbow, hand, wrist, and low back pain. Treating physician is requesting chiropractic sessions x6. The MTUS Guidelines page 58 and 59 under its Chronic Pain section has the following regarding manual therapy and treatments: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. 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. A trial of 6 visits over 2 weeks is recommended." In this case, the treating physician is requesting chiropractic sessions not only for the cervical spine and right shoulder but for the elbow, hand, and wrists. The MTUS Guidelines under its Manual Therapy and Treatment section states forearm, wrist, and hand are not recommended. The requested chiro sessions x6 is not medically necessary, and recommendation is for denial.

Six (6) acupressure sessions-C/S to the right shoulder, elbow, wrist and hand: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with continued complaints of cervical spine, right shoulder, elbow, hand, and wrist pain. The treating physician is requesting 6 acupuncture sessions. UR dated 11/22/2013 quoted MTUS Guidelines for acupuncture but did not give the reason for denial. The MTUS Guidelines for acupuncture page 8 recommends acupuncture for pain suffering and the restoration of function "recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration or 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(e). Documentation of clinically significant improvement of ADL or reduction of work restrictions and decreased dependency of medical treatments." In this case, given the patient's continued pain, a trial of acupuncture x6 sessions may be warranted at this time. Recommendation is for approval.

Trigger point injection (cervical, paravertebral, right trapezius and right rhomboids): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section Page(s): 122.

Decision rationale: The patient presents with continued complaints of cervical spine, right shoulder, elbow, hand, and wrist complaints of pain. Treating physician is requesting trigger point injections to the cervical paravertebral, right trapezius, and right rhomboids. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections: "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persistent for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, on examination, there is no documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." MTUS Guidelines requires documentation of "trigger points" to warrant TPIs. The requested trigger point injections are not medically necessary, and recommendation is for denial.