

<b>Case Number:</b>	CM14-0008193		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Chiropractic and is licensed to practice in New York. 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:

Upon review of the medical records provided the applicant is a 41 year old female whom sustained an industrial injury that occurred on 8/28/13. She is employed providing guidance and academic counseling for high school students. The medical records indicated this applicant has sustained prior industrial injuries that occurred on 6/8/09. The applicant fell and injured her right shoulder arm and neck pain. The medical records indicated that this pain has continued until 2013. Thus far, treatment has consisted of immobilization, aspirin, occupational therapy and two acupuncture treatment sessions. The records indicated the applicant has received four chiropractic treatment sessions that were helpful with the condition that is cervicogenic vs, total arm and shoulder. Upon review of PR2 chiropractic application form dated 1/14/14 the applicant returned to work and started to use the right upper extremity. There was increase in the right upper extremity pain during the day with shaking from the neck to the shoulder and down the arm, loss of grip drops items. Objective findings revealed pain reactive to light moderate touch, increase right side neck spasm scalene, trapezius, brachioradialis, biceps, Bowstring testing radiates to axillae and down arm to hand. Cervical Compression Testign radiates to right upper extremity and hyposensitive at the right C5-T1 dermatomes. The neck is indicated as being worse with work. An MRI of the cervical spine was prescribed, referral to pain management for medications and to assess for injections. It was indicated that the applicant be removed from work as cannot use right upper extremity, puts pressure on neck. Pain diagram indicated the claimant continues to have complaints of right side of neck and right upper extremity sharp and stabbing pain, pins and needles of the right arm and first three fingers. In a utilization review dated 1/8/14, the reviewer determined additional chiropractic treatment to the cervical spine and right upper extremity was non-certified. The decision was based upon the Chronic Pain Medical

Treatment Guidelines, ACOEM and ODG Guidelines. The reviewer indicated that there was insufficient evidence to support manipulation of patients with cervical radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional chiropractic visits 2 times per week for 4 weeks for the right upper extremity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The request is for additional chiropractic treatment to the right upper extremity two times per week are not medically necessary in this particular case. The medical records indicated the applicant has received four chiropractic treatments. The request is for additional chiropractic treatment to the right upper extremity. The treating diagnosis was indicated as right shoulder sprain/strain, neck, upper back, forearm, elbow with neuritis and weakness and overuse syndrome as well as repetitive strain injury of the right arm and forearm. Upon review of a medical report dated 8/30/13 a diagnosis was given a repetitive strain, dequervains tenosynovitis, lateral epicondylitis of elbow as well as a chief complaint of right wrist pain. Upon review of the PR-2 form a diagnosis was given as: cervicothoracic, right shoulder, elbow, and forearm sprain/strain with brachial neuritis, right upper extremity overuse syndrome, rule out intervertebral disc. Manipulation to the forearm is not sanctioned under the guidelines. As per the CA MTUS guidelines manual therapy and manipulation chapter pages 58-60. Manipulation to the forearm, wrist & hand is not recommended. The MTUS/ACOEM guidelines, 2nd edition, 2004 page 203 recommends chiropractic manipulation for the shoulder region for the indication of "frozen shoulder." A treating diagnosis was given as right shoulder sprain/strain. The medical records do not support a diagnosis of frozen shoulder. Given the above the request are not medically necessary.