

Case Number:	CM14-0010481		
Date Assigned:	02/21/2014	Date of Injury:	01/15/2009
Decision Date:	08/05/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/27/2014

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 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:

This is a 49-year-old male with a 1/15/09 date of injury while carrying a printer injuring his left hand, right shoulder and low back. The patient had ongoing complaints of cervical, low back, and shoulder pain. He received chiropractic and physical therapy from 2011-2012 to unspecified areas. In addition, he had aqua therapy, acupuncture, and additional chiropractic therapy to the shoulder, cervical spine, and low back in January of 2013. The patient was seen on 11/15/13 with complaints of bilateral shoulder and elbow pain. The exam findings revealed essentially normal shoulder motion and only minimal strength deficits to resistance. His left elbow active range of motion (AROM) was 0-140 and 0-80 in supination and pronation respectively. Plain films of the shoulders were unremarkable. His diagnosis is epicondylitis and shoulder bursitis. Treatment to date: 12 sessions of PT, greater than 6 sessions of chiropractic treatment for the right shoulder from 2011-2012 (no change was noted), electrical stimulation, therapeutic exercise, aqua therapy, acupuncture and medication. A UR decision dated 12/23/13 denied the request given there was no reasonable expectation that additional supervised rehab would lead to any different lasting efficacy than continuation of an unsupervised home rehab program, especially almost 5 years after the date of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/PHYSIOTHERAPY 2 X 4 WEEKS ON THE RIGHT SHOULDER AND LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57-58. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Shoulder Chapter-Manipulation), ODG Elbow Chapter-Manipulation.

Decision rationale: CA MTUS states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. While MTUS does not specifically address the shoulder and elbow, ODG states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder and elbow and in general, and it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. This patient has had multiple chiropractic sessions, from 2011-2012 to unspecified areas as reported in a progress note, without any significant benefit. In addition, the patient had chiropractic sessions to the right shoulder in 2013, the benefit of which is unknown. There is a lack of documentation regarding the number of chiropractic sessions this patient has had in terms of his left elbow and right shoulder, and there is no documentation of any efficacy of these treatments. In addition, ODG does not support more than 2-3 chiropractic sessions without evidence of functional improvement. Therefore, the request for chiropractic/physiotherapy 2 x 4 weeks on the right shoulder and left elbow was not medically necessary.