

Case Number:	CM14-0014843		
Date Assigned:	02/28/2014	Date of Injury:	05/01/1995
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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:

The patient is a 68-year-old male who has submitted a claim for right shoulder impingement syndrome, right lateral epicondylitis, right medial epicondylitis, right carpal tunnel syndrome, r/o cervical discopathy, associated with an industrial injury date of May 1, 1995. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/05/2014, showed right shoulder pain. Physical examination revealed tenderness of the right upper trapezius, right rhomboid, right bicipital groove and right glenohumeral joint. There was restricted range of motion for the right shoulder. Impingement, Crepitus and Empty Can's tests were all positive in the right. There was tenderness noted in the right medial epicondyle, right lateral epicondyle and right olecranon. There was no restriction in the range of motion. Tenderness was noted on the right carpal bones. There was no restriction in the range of motion. Carpal, Tinel's and Phalen's tests were all positive in the right. The EMG/NCV of the cervical spine and upper extremities, dated 01/09/2014, showed normal EMG studies of the cervical spine and upper extremities. Abnormal NCV study was noted and suggested left mild carpal tunnel syndrome. Treatment to date has included unspecified sessions of chiropractic therapy, physical therapy, injections, and medications. Utilization review from 01/08/2014 denied the request for chiropractic therapy twice a week for six weeks, 12 visits because the documentation did not indicate significant objective measures of functional gain from prior chiropractic treatment and did not specify the number of completed sessions by which to consider continuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT, 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient completed unspecified sessions of chiropractic treatment. The rationale for requesting additional chiropractic therapy is to address the ongoing issues with the cervical spine and right shoulder. However, there is no further discussion on functional outcomes derived from previous chiropractic therapy. Moreover, the present request failed to specify the body part to be treated. The request for chiropractic treatment 12 visits is not medically necessary and appropriate.