

<b>Case Number:</b>	CM14-0115377		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 52-year-old female who reported an injury on 12/27/2012. The mechanism of injury was repetitive activities. She is diagnosed with thoracic outlet syndrome myofascial pain syndrome, carpal tunnel syndrome, TFCC tear, wrist sprain and causalgia of the upper limb. Her past treatments have included physical therapy, acupuncture and medications. On 07/01/2014, the injured worker presented with complaints of feelings of depression and frustration, stomach pain, skin sensitivity and right upper extremity pain. She rated her pain 8/10 to 9/10. Her physical examination revealed normal range of motion of the right shoulder, negative impingement test and tenderness in the trapezius muscle. Her right elbow also revealed swelling and no limitations in motion, as well as positive Tinel's sign. Upon examination of her right wrist, it was noted that she had swelling and increased tone, multiple trigger points, sensitivity to palpation, restricted and painful range of motion and tenderness over the TFCC. Her medications include Ultram and Tylenol. The treatment plan included chiropractic therapy for thoracic outlet syndrome, it was noted that she had not treatment for thoracic outlet syndrome to date, but had failed regular physical therapy and acupuncture. It was noted that given her body habitus, posture and diffuse limbs the goal was to progress with thoracic outlet syndrome treatment. The treatment plan also included 6 sessions of cognitive behavioral therapy for pain management counseling as she has symptoms of depression and poor coping with her pain. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Sessions of Chiropractic Therapy (2x for 3 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** According to the California MTUS Guidelines manual therapy and manipulation may be recommended for chronic pain caused by musculoskeletal conditions. The guidelines go on to state that manual therapy is widely used in the treatment of musculoskeletal pain to achieve positive symptomatic gains, as well as objective measurable gains in functional improvement and facilitate progression in a therapeutic exercise program and return to productive activities. The clinical information submitted for review indicated the injured worker was recommended for chiropractic care for her thoracic outlet syndrome. However, there was no documentation showing that chiropractic care would be treating a specific musculoskeletal condition. Additionally, the injured worker was noted to have decreased range of motion in the right wrist. However, the documentation also indicated that she avoided usage of her wrist and has severe difficulty coping with her pain. As her avoidance of activity has not yet been addressed with cognitive behavioral therapy, participation in a Functional Restoration Program may not be appropriate. Additionally, chiropractic treatment is only recommended when used adjunctively with an active exercise program and the documentation did not indicate that she was currently participating or would be participating in therapeutic exercise. For the reasons noted above, the request for chiropractic therapy is not medically necessary.

## **Pain Management Counseling (1x for 6weeks) for Thoracic Outlet Syndrome: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** According to the California MTUS Guidelines cognitive behavioral therapy may be recommended for patients with chronic pain and risk factors for delayed recovery including fear/avoidance beliefs. The guidelines state that initial therapy for patients should be physical medicine for exercise instruction and cognitive behavioral therapy may be considered if there is a lack of progress from physical medicine alone. When indicated, the guidelines support an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The clinical information submitted for review indicated that the injured worker had avoidance behaviors and impaired coping with her pain. Additionally, the documentation indicated that she had failed physical therapy. Therefore, an initial trial of cognitive behavioral therapy is supported by the guidelines. However, the request for visits once a week for 6 weeks exceeds the guideline recommendations for an initial trial of 3 to 4 visits. Consequently, the request is not medically necessary.

