

Case Number:	CM14-0178626		
Date Assigned:	10/31/2014	Date of Injury:	02/01/2012
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 licensed in Chiropractic 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:

According to the available medical records, this is a 56 year old female with chronic pain in the neck, right wrist, right shoulder, and left knee, date of injury is 02/01/2012. Previous treatments include medications and some therapy. However, there are no previous treatment records available for review, it is unclear what kind of therapy the patient has had. Progress report dated 09/05/2014 by the treating doctor revealed the patient with increasing pain of the neck and right shoulder, constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level, pain is sharp, radiates into upper extremities, associated with headaches as well as tension between the shoulder blades, 7/10. The patient also complains of frequent pain in the right shoulder that is aggravated by forward reaching, lifting, pushing, pulling, and working at or above the shoulder level, 5/10 and dull. There is frequent pain in the right wrist that is aggravated by repetitive motion, gripping, grasping, pushing, pulling, and lifting, 5/10 and dull. There is intermittent pain in the left knee that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, and prolonged standing, 4/10 and dull. Physical examination showed palpable cervical paraspinal muscle tenderness with spasm, positive axial loading compression and Spurling's, ROM limited with pain, there is tingling and numbness into the lateral forearm and hand, correlates with C6-7 dermatomal pattern, 4/5 strength in the biceps, triceps, wrist flexors and extensors and finger extensors, C6 and C7 innervated muscles, triceps reflexes are asymmetric. There is well-healed scar on the right shoulder, tenderness around the anterior glenohumeral region and subacromial space, ROM reproduce symptomatology with internal rotation and forward flexion. Also, there is right wrist tenderness over the volar aspect, positive palmar compression test with subsequent Phalen's maneuver, positive Tinel's sign, ROM full but painful; Left knee tender in the anterior joint line, positive patellar grind test and McMurray's,

crepitus with painful ROM. Diagnoses include cervical radiculitis, status post right shoulder surgery, right Carpal Tunnel/Double crush syndrome, and internal derangement of left knee. The patient is permanently partially disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 6 weeks with massage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: The claimant presents with increased in chronic pain in the neck, right shoulder, right wrist/carpal tunnel, and left knee pain. Review of evidence based guidelines (MTUS) does not recommend chiropractic treatment for the knee, wrist, or carpal tunnel syndromes. Therefore, the request for chiropractic care with massage 2 times per week for 6 weeks is not medically necessary.