

Case Number:	CM14-0023264		
Date Assigned:	05/14/2014	Date of Injury:	07/28/2011
Decision Date:	07/21/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 70-year-old female who has submitted a claim for carpal tunnel syndrome, forearm arthralgia, and status post rotator cuff tear repair associated with an industrial injury date of July 28, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of right shoulder, wrist, and hand pain. Physical examination showed restricted ROM in the right shoulder and positive Phalen's in the right wrist. Treatment to date has included muscle relaxants, antidepressants, acupuncture, physical therapy, and surgery. Utilization review from January 31, 2014 denied the request for Interferential Unit for the right upper extremity because it was not clear if the patient was involved in an ongoing rehabilitation program to be continued in conjunction with the IF therapy. There was no documentation of successful IF trial with exercise. The request for chiropractic care 2x4 for the right upper extremity was denied due to lack of objective findings for which manipulation may be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT FOR THE RIGHT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 149.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120.

Decision rationale: Pages 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. In this case, there are no reports of diminished oral pain medication effectiveness and conditions that limits the ability to perform exercise/physical therapy. In addition, documentation of a successful 1-month trial of an interferential unit is lacking. Lastly, the request did not indicate whether the requested interferential unit is for trial or purchase. Therefore, the request for interferential unit for the right upper extremities is not medically necessary.

CHIROPRACTIC CARE 2 TIMES A WEEK FOR 4 WEEKS FOR RIGHT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 149.

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

Decision rationale: CA MTUS states that manual therapy and manipulation is not recommended in the management of Forearm, Wrist, and Hand Complaints. The CA MTUS does not specifically address manual therapy and manipulation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder and in general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. In this case, recent progress notes do not show significant functional deficits in the right upper extremity. Guidelines do not recommend manual therapy for the forearm, wrist, and hand complaints. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for chiropractic care 2 times a week for 4 week for right upper extremity is not medically necessary.