

Case Number:	CM14-0039854		
Date Assigned:	06/27/2014	Date of Injury:	07/20/2012
Decision Date:	07/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 Care, 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 44 year old male patient with chronic neck pain and bilateral upper extremity pain, with a date of injury of 07/20/2012. Previous treatments include braces, physical therapy, chiropractic, medications and home exercises. The initial consultation report dated 12/16/2013 revealed neck pain, clicking, crepitation, tenderness, limited motion and weakness, radiating into both shoulder girdles and the upper back, radiating pain, numbness and tingling into both upper extremities, left more so than right. Neck symptoms worsened with activity and relieved with rest. Right shoulder pain, weakness, tenderness and limited motion; symptoms worsened with activity and local pressure. Left shoulder pain, weakness, tenderness and limited motion. Right wrist pain, weakness, tenderness and limited motion with radiating pain and paresthesias into hand and digits without sensation of instability or mechanical symptoms, numbness and tingling in the digits, symptoms worsened with use and local pressure. The pain the hands and wrists represents both localized as well as referred pain for the cervical spine. The cervical spine exam revealed tenderness to palpation in the upper paravertebral and trapezius muscle; range of motion (ROM) include flexion 40, right lateral bending 30, left lateral bending 40, right lateral rotation 40, left lateral rotation 50, and extension 30; there is increased pain with flexion and extension. Shoulder girdle exam noted periscapular and trapezius tenderness with no winging, tenderness to palpation over the anterior rotator cuff, mild AC joint and bicipital tenderness without irritability, positive impingement sign in both shoulders. There is grind sign in the left shoulder with muscle weakness 4/5 in the rotator cuff/deltoid/biceps. Left shoulder ROM also decreased, and bilateral elbow exams are within normal limits. Wrist examinations noted tenderness to palpation over the extensor compartment and carpal canal, positive Phalen's sign and median nerve compression in both wrists. Diagnoses include cervical sp/st, cervical radiculopathy, cervical disc protrusion at C3-4, right rotator cuff tendinitis and impingement syndrome, left rotator cuff tendinitis and

impingement syndromes with rotator cuff tear and bilateral wrist tendinitis with carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions two (2) times a week for six (6) weeks of the bilateral hands, wrists, and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines treatment guidelines.

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

Decision rationale: MTUS Guidelines do not recommend chiropractic treatments for carpal tunnel syndrome, wrist and hand. Based on the guidelines cited and the patient's clinical symptoms, chiropractic treatments 2 times a week for 6 weeks for bilateral upper extremities is not medically necessary.