

Case Number:	CM14-0054241		
Date Assigned:	07/07/2014	Date of Injury:	12/31/2012
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 a Licensed Chiropractor 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 60 year old female patient with chronic shoulder, neck and back pain, date of injury 12/31/2012. Previous treatments include medications, chiropractic, physical therapy and home exercise. Primary treating doctor's report dated 08/14/2013 revealed patient complained of neck pain with stiffness, numbness and tingling to the bilateral upper extremities, mid and upper back pain with stiffness, low back pain with stiffness, worse in the left SI joint area, numbness and tingling extending down the left leg to the calf, right shoulder pain/popping and grinding, bilateral upper extremities, elbow, forearm, wrist and hand pain with numbness and tingling to the fingers of both hands. Exam revealed cervical spine tender to palpation with muscle guarding over the right side greater than left cervical paravertebral musculature and upper trapezius muscles, cervical ROM: flexion 45, extension 55, right side bending 36, left side bending 38, right rotation 55, left rotation 70, antalgic shift to the left with cervical flexion. Thoracic spine paravertebral muscle guarding and tenderness to palpation with asymmetrical motion loss, right greater than left, ROM: flexion 44, right rotation 15, left rotation 21, antalgic shift to the left with thoracic flexion. Lumbosacral spine paravertebral muscle guarding and tenderness to palpation with asymmetric motion loss, left side greater than right, tenderness to palpation over the left SI joint, positive Gaenslen's and sacroiliac stress test on the left, pain in the left SI joint area with Patrick Fabere's test, AROM: flexion 38, extension 11, right side bending 15, left side bending 18, antalgic shift to the left with lumbar flexion. Right shoulder tenderness to palpation with muscle guarding over the parascapular muscle and upper trapezius muscle with palpable and tender myofascial trigger points, subacromial crepitus and pain are present with passive ranging, positive Impingement and Cross Arm test, AROM: flexion 170, extension 45, abduction 160, adduction 45, internal rotation 70 and external rotation 70. Sensation to pinprick and light touch in the bilateral upper extremities

decreased over the median and ulnar nerve distributions, atrophy of the bilateral thenar eminences and bilateral first web spaces of the hands consistent with median and ulnar nerve involvement. Diagnoses include cervical sprain/strain with history of bilateral upper extremity radiculitis, thoracic spine sprain/strain, lumbosacral sprain/strain and left SI joint sprain with left lower extremity radiculitis, right shoulder parascapular strain/impingement, bilateral upper extremity, elbow, forearm, wrist, and hand overuse flexor and extensor tenosynovitis with bilateral cubital tunnel syndromes and bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Chiropractic therapy for the right shoulder, cervical/thoracic/lumbar spine x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Page(s): 58-59,.

Decision rationale: While CA MTUS guidelines do not address chiropractic manipulation for the shoulder, ACOEM guidelines only recommend manipulation for frozen shoulder. Reviewed of the available medical records showed this patient has had chiropractic and physiotherapy treatments before, however, there is no treatment records available for review, no evidence of functional improvement documented. Based on the guidelines cited above, the request for chiropractic treatments, x8, for the right shoulder, cervical/thoracic/lumbar spine is not medically necessary.