

<b>Case Number:</b>	CM14-0065194		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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:

The patient is a 42-year-old female born on 02/19/1972. On 03/08/2011, the patient was performing her usual work duties, there was no specific incident, but she began feeling pain in her right forearm extending to the shoulder, and pain in the left thumb for a few weeks. On 09/13/2011, chiropractic treatments were recommended, and she underwent chiropractic evaluation on 09/26/2011. On 12/03/2013, chiropractic treatment was again recommended. On 01/14/2014, the medical provider reported the patient had treated with light-duty, pain medications, chiropractic, and acupuncture treatment, which did not improve her symptoms. The physician's report of 01/14/2014 notes the patient had achieved maximum medical improvement and was determined permanent and stationary. In medical follow-up for bilateral upper extremity pain on 03/05/2014, the provider recommended a course of chiropractic treatments. The chiropractic note of 04/07/2014 is noted as visit 1 of 6. The patient reported bilateral shoulder and hand pain 5-6/10 elevating to 7-8/10. By examination there was diffuse cervical TTP as well as numerous TTP noted in the upper extremities, DTRs 2+ bilaterally, upper extremity dermatomes within normal limits bilaterally, shoulder depressor noted positive bilaterally for local neck pain; shoulder motor strength in adduction and extension 4/5 bilaterally, pectoralis clavicular and external 4/5 bilaterally, bilateral elbow flexion and extension 4/5 and left wrist flexion 4/5 and all other upper extremity motor strength reported 5/5. Shoulder range of motion was noted as bilateral flexion 180/180, bilateral extension 30/30, bilateral external rotation 60/60, bilateral internal rotation 80/80 and bilateral abduction 180/180, and bilateral adduction 45/45. Elbow range of motion noted as dorsal flexion bilaterally 65/65, Palmer flexion bilaterally 70/70, ulnar deviation bilaterally 40/40, and radial deviation bilaterally 20/20. Hand active range of motion was noted as Dom touches base of 5th MCP and fingertips touch mid palm. The patient was diagnosed with bilateral rotator cuff impingement syndrome, myofascial pain in the

bilateral upper trapezius muscles, right 1st carpometacarpal joint arthrosis versus de Quervain tenosynovitis, and cervical strain. The treatment plan of 04/07/2014 included manipulation, myofascial release ART, traction, electrical muscle stimulation, HEP stretching and exercise at a frequency of 2 times per week for 3 weeks. There is a current request for 6 chiropractic treatments for dates of services from 04/22/2014 through 07/22/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic 2xwk x 3wks bilateral upper extremities cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, updated 08/14/2014; Shoulder (Acute & Chronic), Manipulation/ODG Chiropractic Guidelines, updated 07/29/2014.

**Decision rationale:** The request for 6 sessions of chiropractic care for the cervical spine and upper extremities is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) does not support medical necessity for chiropractic care of upper extremity complaints. MTUS reports manual therapy and manipulation are not recommended in the care of the forearm, wrist and hand. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and shoulder conditions; therefore, ODG will be referenced regarding the request for chiropractic treatments to include the cervical spine and shoulder. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. 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 documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. She underwent chiropractic evaluation on 09/26/2011, but the only chiropractic record provided for this review is noted as visit 1/6 and dated 04/07/2014. On 04/07/2014 there was a request for chiropractic

care at a frequency of 2 times per week for 3 weeks. A request for 6 visits of chiropractic treatments for dates of services from 04/22/2014 through 07/22/2014 was received on 04/21/2014. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 6 sessions of chiropractic care for the cervical spine and upper extremities exceeds ODG recommendations and is not supported to be medically necessary.