

Case Number:	CM14-0070495		
Date Assigned:	07/16/2014	Date of Injury:	05/11/2013
Decision Date:	09/17/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/15/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of May 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 22, 2014, the claims administrator denied a request for four sessions of chiropractic manipulative therapy. The applicant's attorney subsequently appealed. On October 23, 2013, the applicant was described as having 6/10 elbow and shoulder pain. The applicant received myofascial release therapy, therapeutic exercise, electrical nerve and muscle stimulation, infrared therapy in the clinic setting. The applicant was asked to pursue additional chiropractic therapy and physical rehabilitation. The applicant's work status was not provided. In an April 10, 2014 progress note, the applicant reported persistent complaints of elbow and shoulder pain, worsened by pressure and activity. The applicant was given diagnosis of rotator cuff tendonitis versus labral tear versus impingement syndrome and elbow epicondylitis. The applicant was asked to pursue a shoulder arthroscopy. The applicant was given work restrictions which the applicant's employer was apparently unable to accommodate, it was suggested. The applicant did retain well-preserved shoulder range of motion with flexion and abduction to 170 degrees, it was incidentally noted. On March 10, 2014, the applicant was asked to obtain replacement elbow brace. The applicant had issues with diabetes, it was stated, which were delaying his recovery. The applicant was using Norco and LidoPro ointment. The applicant was not working and last worked in July 2013, it was acknowledged. The applicant was difficultly with heavy lifting. The applicant had completed 24 sessions of chiropractic physiotherapy and acupuncture with only temporary relief, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physio Therapy (4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) TWC Pain Procedure Summary last updated 4/10/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99.

Decision rationale: The applicant has already had prior treatment (24 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not, it is further noted, address the topic of chiropractic manipulative therapy for the elbow and/or shoulder, the body parts at issue here. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, page 203, the period of treatment for manipulative therapy for the shoulder is limited to a few weeks as results diminish over time. Manipulative therapy, ACOEM notes, is effective for applicants with frozen shoulders. In this case, however, there is no evidence that the applicant has a frozen shoulder. The applicant was described as exhibiting well-preserved shoulder range of motion in the 170 degrees of flexion and abduction range as of April 2014, as noted above. It is further noted that the MTUS Guideline in ACOEM Chapter 10, Table 4, page 40 notes there is "no recommendation" on manipulation for the elbow, another of the applicant's primary pain generators here. In this case, it is noted that the applicant has had extensive prior manipulative therapy/chiropractic treatment (at least 24 sessions, per the attending provider) over the course of the claim. There has been no evidence of any lasting benefit or functional improvement achieved as a result of the same. The applicant is off of work. A rather proscriptive 15-pound lifting limitation remains in place. The applicant apparently chose to pursue shoulder surgery on the grounds that earlier chiropractic treatment and physiotherapy had been unsuccessful. All of the above, taken together, suggest lack of functional improvement as defined in MTUS 9792.20f despite completion of extensive chiropractic manipulative therapy and physiotherapy over the course of the claim. Therefore, the request is not medically necessary.