

Case Number:	CM14-0079210		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2012
Decision Date:	08/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Missouri. 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:

Initial evaluation dated 11/15/2013 indicated the patient presented with complaints of bilateral shoulder, bilateral elbow, and bilateral wrist pain. The neck pain radiates to both upper extremities, left greater than right. She has shooting pain referring to both hands and this pain is associated with a tingling feeling. She rated her pain as 6-7/10; left shoulder 7/10, right shoulder 6/10; left elbow 2/10; right elbow 2/10; left wrist pain 6-7/10 and the right wrist 3-4/10. Objective findings on exam revealed tenderness to palpation of the cervical spine over the splenius capitis, the nuchal ligament and the sternocleidomastoid muscles. She had tenderness at the trapezius bilaterally. Foraminal distract test and shoulder depression test were positive. She had crepitation on flexion, extension to 50, and bilateral lateral flexion to 40. The left shoulder revealed pain at the superiomedial border of the scapula. The right shoulder revealed tenderness at the bicipital groove. She has positive Apley's scratch test. Range of motion of the shoulder revealed flexion to 170 bilaterally; extension to 30 bly; abduction with extension rotation to 180 with pain bilaterally; adduction to 170 with pain bilaterally; internal rotation to 60 bilaterally; and external rotation to 80 with pain. Jamar strength testing revealed: Right: 40/40/44 (average 42); Left: 20/20/18 (average 20). Range of motion of bilateral elbows revealed flexion to 135 with pain bilaterally; extension to 160 with pain bilaterally; supination to 85 with pain bilaterally; and pronation to 75 with pain bilaterally. She has positive Tinel's sign, Phalen's sign and carpal tunnel pressure of the left wrist. Diagnoses are cervical radiculopathy, bilaterally shoulder sprain; bilateral elbow sprain and bilateral wrist carpal tunnel syndrome. Physical therapy and chiropractic treatment twice a week x 3 weeks to bilateral shoulders, elbow, wrists, and neck has been recommended. Prior utilization review dated 05/29/2014 states the request for Physical Therapy & Chiropractic 2x3 Bilateral Shoulders/Elbows/Wrists/Neck is not authorized as the request is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT & Chiropractic 2x3 Bilateral Shoulders/Elbows/Wrists/Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation and Physical Medicine Page(s): 58, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 40,58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back>, <Manual therapy>.

Decision rationale: The patient in this case has had symptoms since 2012, therefore making the Chronic Pain Guidelines a reasonable reference guide. The Chronic Pain Guidelines recommends that manual therapies be considered for musculoskeletal conditions for which there is a well-documented reason for such treatment insofar as such treatment is directed toward a therapeutic goal and not palliative (page 40) . The medical records document fail to demonstrate any evidence that would suggest that such treatment would be anything but palliative. No goals are set forth for the proposed treatment, and there is no evidence presented to suggest that the proposed treatment would be anything but palliative. Based on the lack of justification for this treatment in the records and the guidelines described above the Physical Therapy & Chiropractic 2x3 Bilateral Shoulders/Elbows/Wrists/Neck are not medically necessary.