

Case Number:	CM14-0097366		
Date Assigned:	09/16/2014	Date of Injury:	02/20/2013
Decision Date:	10/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Chiropractor and is licensed to practice in New York. 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:

Upon review of the available medical records provided the applicant was a 64 year old female whom sustained an industrial injury that occurred on February 20, 2013 while employed by [REDACTED]. She works as a candy packer and while carrying out her duties a box fell on her upper back and right shoulder two times the same day. Thus far treatment has consisted of 12 physical therapy visits, pain medications, acupuncture treatment, massage therapy and 12 chiropractic visits with good benefit. Upon review of most office note dated 7/16/14 the applicant presented with complaints of increase in cervical spine pain, bilateral trapezius pain, and lower back pain that is worse. There was pain on active range of motion, bilateral leg numbness. There was no indication of left shoulder or hip pain. Upon review of chiropractic examination dated 7/23/14 muscle strength testing from C5-S1 was normal and graded 5/5 bilaterally, upper and lower extremity reflexes were normal and graded +2/2 bilaterally. Sensory testing with a pinwheel was within normal limits of the upper and lower extremities. There were complaints of neck, low back and bilateral shoulder pain. It was documented that the applicant is capable of jogging 4x per week for 20 minutes. The applicant is working full duty with no limitations or restrictions. Upon review of PR-2 report dated 8/14/14 the applicant was diagnosed with cervical and lumbar sprain/strain and shoulder strain unspecified site. Pain with medication was rated a 2/10 with bilateral lower extremity pulling sensation most prominent. The applicant attributes improvement to self paid massage therapy and medications. There was also complaints of left upper extremity tingling and numbness. It was noted that upon review of a QME dated 9/3/13 the applicant was considered MMI/P&S. In a utilization review report dated 5/30/14 the reviewer determined the proposed chiropractic visits to the left shoulder/elbow/wrist/hip and bilateral lower extremities were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions 1 x 6 week- Left Shoulder, Elbow, Wrist, Hip, Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 203; 235, Chronic Pain Treatment Guidelines 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation Chapter Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Shoulder Manipulation Chapter

Decision rationale: Upon review of the available medical records provided the applicant was a 64 year old female whom sustained an industrial injury that occurred on February 20, 2013 while employed by [REDACTED]. She works as a candy packer and while carrying out her duties a box fell on her upper back and right shoulder two times the same day. Thus far treatment has consisted of 12 physical therapy visits, pain medications, acupuncture treatment, massage therapy and 12 chiropractic visits with good benefit. Upon review of chiropractic examination dated 7/23/14 muscle strength testing from C5-S1 was normal and graded 5/5 bilaterally, upper and lower extremity reflexes were normal and graded +2/2 bilaterally. Sensory testing with a pinwheel was within normal limits of the upper and lower extremities. There were complaints of neck, low back and bilateral shoulder pain. It was documented that the applicant is capable of jogging 4x per week for 20 minutes. The applicant is working full duty with no limitations or restrictions. Upon review of PR-2 report dated 8/14/14 the applicant was diagnosed with cervical and lumbar sprain/strain and shoulder strain unspecified site. Pain with medication was rated a 2/10 with bilateral lower extremity pulling sensation most prominent. The applicant attributes improvement to self paid massage therapy and medications. There were also complaints of left upper extremity tingling and numbness. It was noted that upon review of a QME dated 9/3/13 the applicant was considered MMI/P&S. The proposed chiropractic treatment for six visits is not medically necessary or appropriate in this particular case as well as it is not sanctioned under the CA MTUS Manual Therapy and Manipulation Guidelines. The MTUS Chronic Pain Chiropractic guidelines indicate that manual therapy and manipulation. The guidelines do not recommend manipulation and manual therapy to the forearm, wrist and hand. The guidelines indicate that elective maintenance care is not medically necessary. There was no indication of any exacerbations/flair ups or re-injuries noted. Although there were some subjective complaints there were minimal objective findings to warrant the continued necessity for chiropractic treatment. The most recent medical records do not indicate any significant hip or left shoulder findings to correlate with any objective findings. There is no necessity for prophylactic treatment. The employee returned to work with no restrictions. The MTUS/ACOEM guidelines, 2nd edition, 2004 chapter 9 page 203 recommends chiropractic manipulation for the shoulder region for the indication of "frozen shoulder." A treating diagnosis was given as bilateral shoulder sprain/strain. The medical records do not support a diagnosis of frozen shoulder. The MTUS/ACOEM guidelines, 2nd edition, 2004 chapter 10 page 235 indicates chiropractic

manipulation is not recommended for treatment to the elbows. Furthermore, With regards to the ODG Chiropractic Guidelines-TWC Shoulder Manipulation Chapter, the request for manipulation to the shoulder and upper arm would not be sanctioned under these guidelines. The applicant already received 12 visits and a request for an additional six would not be sanctioned under the ODG chiropractic guidelines. The Guidelines for sprain and strains of shoulder and upper arm, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self directed home therapy. 9 visits total over 8 weeks. At this point in time the applicant has received 12 and exceeds the guidelines. The request is not medically necessary.