

<b>Case Number:</b>	CM13-0042128		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/24/1995
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 injured worker is a 65 year old female, who sustained a work related injury on 9/30/95. The diagnoses have included shoulder degenerative joint disease, neuralgia/radiculitis, elbow epicondylitis, and osteoarthritis. Treatments to date have included chiropractic treatments, steroid injections and oral medications. In the PR-2 dated 10/16/13, the injured worker complains of bilateral shoulder and right elbow pain. She describes the pain as aching, burning, constant and annoying. She rates the pain a 7-9/10. She is not sleeping well. On 10/1/13, Utilization Review non-certified a request for chiropractic treatments to shoulder and elbow 1x/week x 12 weeks. The California MTUS was cited. On 10/1/13, Utilization Review modified a request for physical therapy to shoulder and elbow 1x/week x 12 weeks to physical therapy to shoulder and elbow 1x/week x 6 weeks. The California MTUS, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT TO THE SHOULDER AND ELBOW ONE (1) TIME A WEEK FOR TWELVE (12) WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 40.

**Decision rationale:** Guidelines do not support chronic chiropractic care for maintenance treatment. In this case, the patient has been receiving chiropractic sessions since 2/2013 and the clinical information provided document that this has been of no benefit for her shoulder. Guidelines also support chiropractic therapy for the shoulder but not the elbow. Chiropractic treatment to the shoulder and elbow 1 x 12 is not medically appropriate and necessary.

**PHYSICAL THERAPY TO THE SHOULDER AND ELBOW ONE (1) TIME A WEEK FOR TWELVE (12) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

**Decision rationale:** Physical therapy is recommended to treat acute pain and return a patient to a program of self managed home exercise. The goal is to achieve improvement in symptoms or objective gains in functional improvement. Treatment is recommended 1-2 times per week for 2 weeks followed by 1 treatment per week for 6 weeks. In this case, physical therapy for 12 weeks is not medically necessary and appropriate.