

Case Number:	CM14-0100186		
Date Assigned:	07/28/2014	Date of Injury:	02/15/2014
Decision Date:	07/14/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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: California

Certification(s)/Specialty: Chiropractic

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 23 year old male, who sustained an industrial injury on 2/15/2014. The current diagnoses are right shoulder impingement syndrome, right medial/lateral epicondylitis, right wrist sprain/strain, and crush injury to the right forearm, wrist, and hand. According to the progress report dated 4/28/2014, the injured worker complains of constant right shoulder pain with radiation into his right elbow, wrist, hand, and fingers. He has associated numbness, tingling, and cold to palpation. The pain is rated 8-9/10 on a subjective pain scale. The physical examination of the right shoulder reveals tenderness to palpation over the right upper trapezius muscle, rhomboid, rotator cuff, bicipital groove, and acromioclavicular joint, restricted range of motion, and positive impingement test. The left elbow/forearm reveals tenderness to palpation over the right extensor muscle and medial condyle. The right wrist/hand reveals limited range of motion. The current medication list is not available for review. Treatment to date has included medication management, x-rays, MRI studies, electrodiagnostic testing, and chiropractic. The plan of care includes 12 additional chiropractic sessions for the right shoulder, elbow, wrist, hands, and fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 right shoulder, elbow, wrist, hand and fingers: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for his right upper extremity injury in the past. The total number of chiropractic sessions are unknown and not specified in the records provided for review. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guides does not recommend manipulation for the wrist, hand, elbow and hand. The ODG Shoulder Chapter recommends additional chiropractic care sessions with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The number of chiropractic sessions to date are not specified. I find that the 12 additional chiropractic sessions requested to the right shoulder, wrist, elbow, hand and fingers to not be medically necessary and appropriate.