

Case Number:	CM14-0188795		
Date Assigned:	11/19/2014	Date of Injury:	06/03/2013
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 a licensed Chiropractor, 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:

This 44 year old female reportedly sustained a work related injury from September 1, 2012 through September 30, 2013 to the right shoulder and upper extremity. Diagnoses include shoulder bursitis and tendinosis, elbow epicondylitis and wrist pain. Therapies included shock wave therapy chiropractic treatment. Progress report dated August 6, 2014 referred to shoulder X-ray with degenerative changes and magnetic resonance imaging (MRI) that revealed tendinosis and bursitis. Primary physician's report dated September 3, 2014 noted the injured workers pain to be 5/10. Shoulder abduction was 100 degrees, flexion 130 degrees, and tender. Right elbow had complete extension with tenderness. There was swelling of the hand and tenderness of wrist and hand. Work lifting was restricted to 15 pounds. Utilization Review noted the injured worker has received acupuncture, chiropractic treatment and physical therapy. On October 27, 2014 Utilization Review found a request dated October 10, 2014 for chiropractic therapy 3 times a week for 4 weeks at Tristar Orthopedics to be non-certified. Citation utilized was Medical Treatment Utilization Schedule (MTUS) chronic pain and lack of documented functional improvement. Application for independent medical review is dated November 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 3 times a week for 4 weeks at Tristar Orthopedics: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58 and 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Sprains 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 over 8 weeks.

Decision rationale: The claimant presented with ongoing pain in the right shoulder, right elbow, and wrist despite previous treatments with medication, chiropractic, physical therapy, Shock-wave therapy, acupuncture. While MTUS guidelines do not recommend chiropractic treatments for the wrist, the claimant has had chiropractic treatments previously. However, there are no documents of previous treatments, no total number of visits documented, and no evidences of functional improvement reported. Based on the guidelines cited above, the request for 12 Chiropractic visits is not medically necessary.