

Case Number:	CM14-0191149		
Date Assigned:	11/25/2014	Date of Injury:	10/14/2009
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab 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 patient sustained an injury on 10/14/09 while employed by [REDACTED]. Request(s) under consideration include Occupational Therapy 2 times a week for 6 weeks Right Shoulder and Chiropractic 2 times a week for 6 weeks Cervical. Diagnoses include cervical strain/sprain; bilateral cubital tunnel syndrome; and bilateral lateral and medial epicondylitis. The patient continues to treat for chronic ongoing pain symptoms to the neck, right shoulder, and elbows/hands. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Report from the provider noted ongoing symptoms. Exam showed unchanged findings of positive cervical compression test and Spurling's; spasm and tenderness with limited range in bilateral shoulder flex/abd/ext of 160/160/30 degrees; no gross neurological deficits of upper extremities; TTP at epicondyle elbows with mildly limited flex of 130 degrees. The request(s) for Occupational Therapy 2 times a week for 6 weeks Right Shoulder and Chiropractic 2 times a week for 6 weeks Cervical were non-certified on 10/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 6 weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient sustained an injury on 10/14/09 while employed by [REDACTED]. Request(s) under consideration include Occupational Therapy 2 times a week for 6 weeks Right Shoulder and Chiropractic 2 times a week for 6 weeks Cervical. Diagnoses include cervical strain/sprain; bilateral cubital tunnel syndrome; and bilateral lateral and medial epicondylitis. The patient continues to treat for chronic ongoing pain symptoms to the neck, right shoulder, and elbows/hands. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Report from the provider noted ongoing symptoms. Exam showed unchanged findings of positive cervical compression test and Spurling's; spasm and tenderness with limited range in bilateral shoulder flex/abd/ext of 160/160/30 degrees; no gross neurological deficits of upper extremities; TTP at epicondyle elbows with mildly limited flex of 130 degrees. The request(s) for Occupational Therapy 2 times a week for 6 weeks Right Shoulder and Chiropractic 2 times a week for 6 weeks Cervical were non-certified on 10/27/14. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2009 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational Therapy 2 times a week for 6 weeks Right Shoulder is not medically necessary and appropriate.

Chiropractic 2 times a week for 6 weeks Cervical: 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 Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

Decision rationale: This patient sustained an injury on 10/14/09 while employed by [REDACTED]. Request(s) under consideration include Occupational Therapy 2 times a week for 6 weeks Right Shoulder and Chiropractic 2 times a week for 6 weeks Cervical. Diagnoses include cervical strain/sprain; bilateral cubital tunnel syndrome; and bilateral lateral and medial epicondylitis. The patient continues to treat for chronic ongoing pain symptoms to

the neck, right shoulder, and elbows/hands. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Report from the provider noted ongoing symptoms. Exam showed unchanged findings of positive cervical compression test and Spurling's; spasm and tenderness with limited range in bilateral shoulder flex/abd/ext of 160/160/30 degrees; no gross neurological deficits of upper extremities; TTP at epicondyle elbows with mildly limited flex of 130 degrees. The request(s) for Occupational Therapy 2 times a week for 6 weeks Right Shoulder and Chiropractic 2 times a week for 6 weeks Cervical were non-certified on 10/27/14. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury with continued recommendation upon identified improvements. It appears the patient has received previous chiropractic sessions. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADL or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains not working without functional restoration approach. The Chiropractic 2 times a week for 6 weeks Cervical is not medically necessary and appropriate.