

<b>Case Number:</b>	CM14-0194679		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 is a 43 year old female with a work related injury dated 07/02/2013 when a heavy box hit her right shoulder and a metal ladder hit her right elbow while working in a warehouse. According to a pain medicine visit note dated 06/02/2014, the injured worker presented with complaints of a lot of pain and discomfort involving her neck and right upper extremity associated with numbness and a tingling sensation. Diagnoses included right elbow contusion injury, possible partial tear of the right lateral epicondyle, right shoulder rotator cuff injury with partial tear and tendonitis, and right shoulder labral degeneration. Treatments have included home exercises and medications. According to a chiropractic note dated 11/09/2014, the injured worker has had 5 chiropractic visits from 10/12/2014 to 11/09/2014 and has been improving with her over all symptoms. She is able to do more activities of daily living and function better, along with working with less restriction. Diagnostic testing is not noted in received medical records. Work status is noted as temporarily partially disabled with limitations of no pushing or pulling more than 5 pounds with occasional over shoulder reaching as well as no repetitive use of the right hand. On 11/03/2014, Utilization Review modified the request from 8 Chiropractic Treatments for the Right Upper Extremity (Shoulder, Elbow, & Hand) and Cervical Spine (1x8) to 3 Chiropractic Treatments for the Right Upper Extremity (Shoulder, Elbow, & Hand) and Cervical Spine citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. The Utilization Review physician stated the Official Disability Guidelines criteria for shoulder manipulation state that it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not determined. The request for a chiropractic treatment trial is modified accordingly. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Eight chiropractic treatments for the right upper extremity (shoulder, elbow, wrist, & hand) and cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and strains of shoulder and upper arm

**Decision rationale:** The claimant presented with chronic neck pain and right shoulder pain. Review of the available medical records showed she has completed 5 chiropractic treatments with some ADL and functional improvement; there are subjective and objective findings improvements; and she had returned to work with less restriction. Based on the guidelines cited, the request for 8 chiropractic treatments to the neck and right shoulder is within the guidelines recommendation. Therefore, the request is medically necessary.