

Case Number:	CM14-0196012		
Date Assigned:	12/04/2014	Date of Injury:	09/22/2014
Decision Date:	01/21/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Doctor of Chiropractic 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:

According to the available medical records, this is a 49 year old male with multiple complains in the shoulders, neck, mid back, elbows, hands and wrists, date of injury is 09/22/2014. Previous treatments include chiropractic and medications. Doctor report dated 10/21/2014 revealed patient with neck pain, 7-10/10, constant sharp electrical sensation, aggravated with repetitive lifting and carrying, strong gripping and grasping. Bilateral shoulder pain, right side greater than left, 8-9/10, constant sharp electrical sensation, aggravated with repetitive lifting and carrying and strong gripping and grasping. Bilateral wrist/hand pain, constant sharp electrical sensation with weakness, 8-9/10, aggravated with repetitive lifting and carrying, as well as strong gripping and grasping. Bilateral elbow pain, described as constant sharp electrical sensation, 8-9/10, aggravated with repetitive lifting and carrying, as well as gripping and grasping. Upper back pain, 4/10, constant sharp pain aggravated with repetitive lifting and carrying, as well as strong gripping and grasping. Bilateral knee pain, left side greater than right, 4/10, constant sharp stiffness, aggravated with prolonged standing and walking. Bilateral ankle pain, constant sharp stiffness, 4/10, aggravated with prolonged standing and walking. Physical exam revealed decreased cervical lordosis, tenderness to palpation with guarding and spasm over the right side greater than left trapezius, ROM decreased. Thoracic spine tender to palpation with guarding and spasm over the bilateral paraspinal muscle. Bilateral shoulders tender to palpation over the subacromial regions, AC joint, supraspinatus tendons, anterior capsules and periscapular muscles, right side greater than left, positive Impingement test and Cross arm test, ROM decreased. Bilateral elbow tender to palpation over the olecranon process, ROM decreased. Bilateral wrists tender to palpation over the flexor greater than extensor tendons. Bilateral knee tender to palpation over the peripatellar, patellofemoral crepitus presented bilaterally. Bilateral ankles tender to palpation over the anterior joint. Neurological exam is unremarkable.

Diagnoses include cervical/trapezial musculoligamentous sp/st, thoracic sp/st, bilateral shoulder sp/st with impingement, bilateral elbow olecranon bursitis, bilateral knee sp/st, bilateral ankle sp/st, stress and sleep loss. The patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (visits) qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presented with complaints of pain in multiple body parts. Current treatment request is chiropractic services with modalities and exercises directed to the cervical spine, thoracic spine, bilateral shoulders, bilateral elbows, bilateral knee and bilateral ankles at a frequency of three times per week for four weeks. While MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week for the neck and lower back, chiropractic treatment is not recommended for the treatment of knee and ankle. The request for 12 visits also exceeded the guidelines recommendation. Therefore, the request is not medically necessary.