

Case Number:	CM14-0200529		
Date Assigned:	12/10/2014	Date of Injury:	09/24/1995
Decision Date:	01/30/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 licensed in Chiropractor (DC), has a subspecialty in Acupuncture 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 64 year old female worker with a date of injury of September 24, 1995. The mechanism of injury is unknown. Diagnoses include shoulder degenerative joint disease, unspecified neuralgia neuritis and radiculitis, lateral epicondylitis of elbow, general osteoarthritis involving multiple sites and fibromyalgia/myositis. On October 29, 2014, the injured worker complained of bilateral shoulder and right elbow pain. Physical examination of the shoulders revealed tenderness to palpation bilaterally. There was full range of motion bilaterally. A positive impingement sign was noted bilaterally. Physical examination of the elbows revealed tenderness to palpation over her right elbow. There was full range of motion and positive Cozen. Treatment modalities listed in the medical record included chiropractic manipulative therapy, physical therapy and rehabilitative exercises. She was noted to be consistent with her home exercise program. There was a reported decrease in her pain and increase in range of motion with treatment. A request was made for continued chiropractic 16 visits, 2x week for 8 weeks for the bilateral shoulders and right elbow. On November 6, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic visits 2x8 for the bilateral shoulders and elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic, Manipulation.

Decision rationale: The Official Disability guideline recommends manipulation for the shoulder. It recommends 9 visits over 8 weeks for sprains and strains of the shoulder and upper arm. It patient received 8 chiropractic sessions with good progress. The patient noted that chiropractic care helped decreased pain and increase range of motion. The provider's request for chiropractic care 2 times a week for 8 weeks exceeds the guidelines recommendation. Therefore, the provider's request for 16 chiropractic sessions to the shoulder and elbow are not medically necessary at this time.