

Case Number:	CM14-0209235		
Date Assigned:	12/22/2014	Date of Injury:	06/18/2001
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 43 year old female with pain in bilateral shoulders, bilateral elbows, and bilateral wrists, date of injury is cumulative from 06/18/2001 to 10/24/2014. Initial treating doctor report dated 11/10/2014 revealed patient with complains of bilateral wrist/hand pain with numbness and tingling, bilateral elbow pain, and bilateral shoulder pain. Examination of the shoulders revealed tenderness to palpation over the periscapular musculature, impingement test and cross arm test elicit posterior pain bilaterally. Examination of the elbows revealed tenderness to palpation over the medial epicondyles bilaterally, Tinel's test is positive on the right. Examination of the wrists revealed tenderness to palpation over the flexor and extensor tendons and the right first carpometacarpal joints, Phalen's test is positive on the right, decreased pinprick and light touch in the right median and ulnar nerve distribution. Diagnoses include bilateral shoulder periscapular strain, bilateral elbow sprain with medial epicondylitis and right cubital tunnel syndrome, bilateral wrist flexor/extensor tendinitis with right carpal tunnel syndrome. The patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, three times a week for four weeks for the bilateral shoulders:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The claimant presented with bilateral shoulders, elbows, and wrists pain. While ACOEM guidelines only recommend chiropractic manipulation for frozen shoulders, ODG guidelines recommend up to 9 visits over 8 weeks for sprains and strains of the shoulder and upper arm if signs of objective progress towards functional restoration are demonstrated within 2-3 visits. The current request for 12 visits exceeded the guidelines recommendation and therefore, not medically necessary.