

<b>Case Number:</b>	CM15-0100796		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Minnesota  
 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 11/14/2012, as a result of cumulative trauma. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease, right shoulder sprain/strain, right shoulder tendinosis per magnetic resonance imaging 9/09/2014, right elbow sprain/strain, right elbow lateral epicondylitis, right elbow medial epicondylitis, right wrist scaphoid cyst per magnetic resonance imaging 9/10/2014, right wrist carpal tunnel syndrome per patient's history, and right hand sprain/strain. Treatment to date has included physical therapy, acupuncture, extracorporeal shockwave therapy, chiropractic (evaluation and at least 6 sessions), and medications. Currently, the injured worker complains of pain in her neck, mid to upper back, low back, right shoulder, and right elbow. Pain was rated 8/10 and unchanged. Exam of the cervical spine noted tenderness to palpation over the paraspinal muscles. Exam of the thoracic spine noted tenderness to palpation over the paraspinal muscles and spasm, increased since the last visit, along with restricted range of motion. Exam of the lumbar spine noted tenderness to palpation over the paraspinal muscles and spasm, increased since the last visit, restricted range of motion, and positive straight leg raise test bilaterally. Her right shoulder showed tenderness to palpation and positive impingement and supraspinatus tests. Her right elbow noted tenderness to palpation. Her right wrist showed tenderness to palpation and positive Phalen's test. Her right hand showed tenderness to palpation. She stated that chiropractic therapy helped to decrease

pain and tenderness and improve activities of daily living. Her work status remained total temporary disability. The treatment plan (3/24/2015) included continued chiropractic for the right shoulder and elbow, 2x6. Initial chiropractic evaluation was noted 4/02/2015, noting pain level 8/10. Pain levels appeared consistent for several months.

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

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

**Chiropractic for the right shoulder and elbow, 2x6, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, Manipulation of the elbow and shoulder is not recommended. The doctor is requesting chiropractic for the right shoulder and elbow at 2 times per week for 6 weeks without giving how much prior treatment has been given and how the patient has responded to prior care using objective functional improvement. Therefore the requested treatment is not medically necessary and appropriate.