

Case Number:	CM15-0104484		
Date Assigned:	06/08/2015	Date of Injury:	12/16/2012
Decision Date:	07/09/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old [REDACTED] employee who has filed a claim for chronic shoulder, arm, and elbow pain reportedly associated with an industrial injury of December 16, 2012. In a utilization review report dated May 26, 2015, the claims administrator denied a request for 12 sessions of manipulative therapy, denied electrodiagnostic testing of bilateral upper extremities, and conditionally denied 12 sessions of physical therapy for the left elbow. The claims administrator referenced a May 13, 2015 RFA form and associated progress note of April 16, 2015 in its determination. The applicant's attorney subsequently appealed. On December 4, 2014, the applicant reported multifocal complaints of shoulder, wrist, elbow, and knee pain, reportedly worsened than the preceding visit. The applicant had undergone earlier right shoulder surgery, it was reported. A rather proscriptive 5-pound lifting limitation was endorsed, while Prilosec, tramadol, Norco, Ambien, and topical compounds were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. 12 sessions of chiropractic manipulative therapy and 12 sessions of physical therapy were endorsed on this date. On April 16, 2015, the applicant reported ongoing complaints of elbow, shoulder, wrist, and knee pain. Electrodiagnostic testing of the bilateral upper extremities, an additional 12 sessions of physical therapy, additional 12 sessions of manipulative therapy, Prilosec, topical compounds, and the same, unchanged, extremely proscriptive 5-pound lifting limitation were endorsed. Once again, it was not clearly stated whether the applicant was or was not working with the said limitation in place. The attending provider listed elbow strain, wrist strain, and shoulder strain amongst the list of diagnoses. There

was no explicit mention of neck (cervical) pain on this date. The applicant did exhibit a positive Tinel's sign about the left elbow, however. The applicant's symptoms were seemingly confined to the symptomatic left upper extremity on this date, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic treatments of the left shoulder and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 205, 25, 28, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic; Shoulder, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy for the shoulder and elbow was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant did not appear to return to work as of the date in question, April 16, 2015, following receipt of earlier unspecified amounts of manipulative therapy through that point in time. The same, unchanged, and extremely proscriptive 5-pound lifting limitation was renewed on or around the date in question. It did not appear that the applicant was working with the said limitation in place. It did not appear, in short, that earlier chiropractic manipulative therapy had proven successful here. Therefore, the request for an additional 12 sessions of chiropractic manipulative therapy was not medically necessary.

1 EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 205, 25, 28, 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Similarly, the request for electrodiagnostic testing of the bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is deemed "not recommended." Here, the applicant's issues were seemingly confined to the symptomatic left

upper extremity. The April 16, 2015 progress note listed elbow strain, shoulder strain, and wrist strain amongst the list of operating diagnoses. There was no mention of the applicant's having upper extremity paresthesias or other neurologic symptoms involving the seemingly asymptomatic right upper extremity. Since electrodiagnostic testing of the bilateral upper extremities would include testing of the seemingly asymptomatic right upper extremity, the request, thus, as written, is at odds with ACOEM principles and parameters. Therefore, the request was not medically necessary.