

<b>Case Number:</b>	CM15-0162244		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old male, who sustained an industrial injury on 6-11-12. Initial complaints were of his neck, knees, wrists and hands and shoulders and back. The injured worker was diagnosed as having cervical spine strain-sprain; myofascitis; cervical spine facet induced versus discogenic pain; lumbar spine sprain- strain; lumbar facet induced discogenic pain; lumbar spine disc herniation; bilateral shoulder bursitis-tenosynovitis; bilateral carpal tunnel syndrome; bilateral cubital tunnel syndrome; hypertension; insomnia; anxiety-depression. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-2-15 are hand written and difficult to decipher. The PR-2 notes dated 5-6-15 indicated the injured worker was seen as an initial evaluation. His current complaints per this evaluation are of his neck, bilateral shoulders, bilateral hands-wrist, and lower back and bilateral knees. Review of systems are documented as positive for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems and stress. Cervical spine examination notes palpable tenderness bilateral paravertebral musculature with spasm. There is palpable tenderness to bilateral upper trapezius. Tenderness and hypermobility present over the vertebral regions from C3-C7. He has positive bilateral shoulder compression test with cervical compression, cervical distraction, Valsalva and Soto-Hall orthopedic tests are negative. Ranges of motion of the cervical spine are decreased due to pain. There is palpable tenderness to the bilateral supraspinatus, infraspinatus, subscapularis and bilateral acromioclavicular joint. Positive Hawkin's bilaterally with apprehension, Dugas, Gerber's lift-off sign, Speed's orthopedic tests are all negative. Range of motion of both shoulders was decreased with pain. Elbows and

forearms note Valgus and Varus stress tests are negative. There is positive Tinel's sign for both elbows. Wrist and hands reveal tenderness in the bilateral volar crease, dorsal crease and carpal tunnel. There is positive Tinel's and Phalen's sign. Finkelstein's and reverse Phalen's are both negative. Ranges of motion in the bilateral wrists are within normal limits with pain. There is tenderness and spasm present over the greater trochanteric region and bursa, and abductor, adductor, quadriceps and biceps femoris musculature. There is tenderness present over the femoacetabular joint. Hip ranges of motion were performed without pain or discomfort and spasm. Bilateral knees and lower extremities reveal palpable tenderness to the medial joint lines, lateral joint lines and popliteal fossa. Positive bilateral McMurray's and the Valgus and Varus stress tests and patellar grinding tests were negative. Anterior and posterior drawer tests are negative. The provider is requesting authorization of Chiropractic treatment 1x/week for 4 weeks which includes: extracorporeal manipulation with spinal manipulation, electrical stimulation, therapeutic exercises, massage therapy, CMT 5 regions and extraspinal manipulation with spine and then a follow-up visit once per month.

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

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

**Chiropractic treatment 1x/week for 4 weeks which includes: extracorporeal manipulation with spinal manipulation, electrical stimulation, therapeutic exercises, massage therapy, CMT 5 regions and extraspinal manipulation with spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The claimant sustained a work injury in June 2012 and is being treated for neck, low back, and bilateral shoulder, hand, wrist, and knee pain. When seen, he was receiving weekly treatments which were helping. Shockwave treatment was being provided to the right shoulder for shoulder impingement syndrome. From 07/09/15 through 07/30/15 to treatments were provided for the right shoulder and one for the left shoulder. Continued treatment at one time per week and monthly follow-up visits were requested. Extracorporeal shock wave therapy (ESWT) can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, the claimant does not have a diagnosis of calcific tendinitis. The request is not medically necessary.

**Follow up visit once per month: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The claimant sustained a work injury in June 2012 and is being treated for neck, low back, and bilateral shoulder, hand, wrist, and knee pain. When seen, he was receiving weekly treatments which were helping. Shockwave treatment was being provided to the right shoulder for shoulder impingement syndrome. From 07/09/15 through 07/30/15 to treatments were provided for the right shoulder and one for the left shoulder. Continued treatment at one time per week and monthly follow-up visits were requested. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. This prospective request for continued monthly follow-up for an indefinite period of time is not medically necessary.