

<b>Case Number:</b>	CM15-0163633		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/14/2015
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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

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 47-year-old female who sustained an industrial injury on 5-14-15. Diagnoses are right shoulder periscapular strain with impingement, adhesive capsulitis and calcific tendonitis per radiographs, right elbow sprain-strain with medial and lateral epicondylitis and dynamic cubital tunnel syndrome. In a doctor's first report of occupational injury or illness dated 7-28-15, the physician notes the injured worker complains of constant mild to moderate right shoulder pain, throbbing and stiffness and constant moderate right elbow-forearm pain. The right shoulder exam reveals tenderness to palpation. Tender myofascial trigger points are noted in the right trapezius muscle. There is slight subacromial crepitus with passive ranging. Impingement test is positive. There is a significant loss of right shoulder motion compared to the left. The right elbow exam reveals tenderness to palpation. Cozen's test is positive. Jamar dynamometer grip strength is 21-24-22 on the right and 28-31-30 on the left. Deep tendon reflexes in the biceps, triceps and brachioradialis are 1+ bilaterally. Work status is noted as modified work with restrictions. The requested treatment is 8 chiropractic services with exercises, modalities, manipulation and myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic services with exercises, modalities, manipulation and myo-fascial release:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation/Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines- Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

**Decision rationale:** The claimant presented with ongoing pain in the right shoulder, right elbow, and forearm. Previous treatments include medications and physical therapy. Although ODG might recommend up to 9 chiropractic visits for the shoulder, if there are evidences of functional improvement after 3 visits. MTUS guidelines do not recommend chiropractic treatment for the forearm. Based on the guidelines cited, the request for 8 chiropractic treatments is not medically necessary.