

Case Number:	CM15-0195432		
Date Assigned:	10/09/2015	Date of Injury:	09/14/2011
Decision Date:	11/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/05/2015

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 52-year-old female, who sustained an industrial injury on 9-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine strain rule out C7-C8 radiculopathy, right shoulder sprain, impingement, and frozen shoulder, bilateral elbow pain with medial epicondylitis, bilateral wrist sprain-strain with right de Quervain's, bilateral hand pain, lumbar spine sprain rule out left L5 radiculopathy, and major depressive disorder. On 8-17-2015, the injured worker reported constant severe neck pain rating the pain as 7-8 out of 10, which radiates into the shoulders and arms and to the dorsum-ulnar aspect of the hands with numbness and tingling on occasion in the hands and fingers, with frequent mild dizziness and occipital headaches, blurred vision, and tinnitus in the bilateral ears. The injured worker reported constant moderate and intermittently severe pain in the right shoulder deltoid area with weakness rated as 5-8 out of 10. The injured worker reported constant pain in the elbow lateral joint line right greater than left, rated 7 out of 10 at its worse, and constant moderate and intermittently severe pain in the right wrist-hand with occasional aching pain in the left wrist and hand, mostly radiating from the left elbow, with loss of grip strength and weakness, rated as 6-8 out of 10 on the right and 5 out of 10 on the left. The injured worker reported constant sharp lower back pain that radiated into the lateral side of both legs, down into the feet with lower extremity weakness, and giving away, with the pain rated as 6-8 out of 10. The Primary Treating Physician's report dated 8-17-2015, noted the injured worker reported having abdominal pain and constipation due to medications and depression, anxiety, and feeling desperate. The injured worker was noted to have increased pain in the right

shoulder, cervical spine, lumbar spine, bilateral wrists and fingers of the bilateral hands with activities of daily living (ADLs), waking frequently due to the pain. The Physician noted that in the past the injured worker indicated that chiropractic treatments had helped the best. The injured worker's current medications were noted to include Ambien, Ativan, Vicodin, Naprosyn, Narcosoft, and Citrucel. The physical examination was noted to show tenderness to palpation about the right cervical spine, right upper trapezius, and right greater than left thoracic spine muscles with cervical compression positive at the nuchal region. Motor power was noted to be decreased to manual testing in the right deltoids and biceps. Tenderness to palpation was noted along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex, and rotator cuff on the right with impingement test positive on the right with a frozen right shoulder. Pain to palpation was noted in the medial and lateral joint lines epicondyles on the right and right wrist. Tenderness to palpation was noted about the left lumbar paravertebral muscles, spinous processes, left sacroiliac joint, and left sciatic notch with positive straight leg raise on the left. The treatment plan was noted to include laboratory work up, chiropractic treatments, and prescription for Theramine and topical compound cream. The injured worker's work status was noted to be permanent and stationary, currently not working. No previous chiropractic treatments reports were included in the documentation provided. The request for authorization was noted to have requested Chiropractic treatment 2 times a week for 3 weeks for the cervical spine, lumbar spine, right shoulder, right elbow and right wrist. The Utilization Review (UR) dated 9-4-2015, non-certified the request for Chiropractic treatment 2 times a week for 3 weeks for the cervical spine, lumbar spine, right shoulder, right elbow and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 3 weeks for the cervical spine, lumbar spine, right shoulder, right elbow and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic pain in the neck, back, right shoulder, right elbow, and right wrist. Previous treatments include medications and chiropractic. According to the available medical records, prior chiropractic treatment helped. Although evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, chiropractic treatment is not recommended for elbow and wrist. The request for 6 visits also exceeded the guidelines recommendation. Therefore, it is not medically necessary.