

Case Number:	CM15-0042700		
Date Assigned:	03/12/2015	Date of Injury:	01/06/2015
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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, Illinois

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 injured worker is a 56 year old female who sustained a work related injury January 6, 2015, According to a doctor's first report of occupational injury or illness, dated February 13, 2015, the injured worker presented with increase pain in multiple areas; bilateral shoulder, bilateral wrist and hand, bilateral elbow, mid and low back with radiation to the right leg, from repetitive work duties. She had a work related fall July 30, 2013, with injury to the right shoulder, elbow, wrist, hand, neck and back, and underwent right shoulder surgery May, 2014. She returned to work August 30, 2014 with restrictions. She worked until January 29, 2015, when she was taken off work due to increasing pain involving both shoulders. Diagnoses included cervical musculoligamentous sprain/strain with attendant spondylosis; lumbar musculoligamentous sprain/strain with right lower extremity radiculitis with attendant spondylosis including disc degeneration at L4-L5 and L5-S1 and right sacroiliac joint sprain; bilateral shoulder impingement syndrome and periscapular strain s/p right shoulder arthroscopy and manipulation under anesthesia May, 2014; bilateral elbow medial epicondylitis and possible cubital tunnel syndrome; bilateral wrist tendinitis and possible carpal tunnel syndrome. Treatment plan included requests for chiropractic care, home interferential unit, diagnostic studies, internal medicine consultation, and follow-up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care 12 visits 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine Page(s): 58-59.

Decision rationale: The injured worker sustained a work related injury on January 6, 2015. The medical records provided indicate the diagnosis of cervical musculoligamentous sprain/strain with attendant spondylosis; lumbar musculoligamentous sprain/strain with right lower extremity radiculitis with attendant spondylosis including disc degeneration at L4-L5 and L5-S1 and right sacroiliac joint sprain; bilateral shoulder impingement syndrome and periscapular strain s/p right shoulder arthroscopy and manipulation under anesthesia May, 2014; bilateral elbow medial epicondylitis and possible cubital tunnel syndrome; bilateral wrist tendinitis and possible carpal tunnel syndrome. The medical records provided for review do not indicate a medical necessity for Chiropractic Care 12 visits 3 x 4. The MTUS discusses the chiropractic care under two guidelines: Manual therapy and Manipulation; Physical medicine Guideline. The manual therapy and Manipulation guidelines recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks for low back pain; not recommended for Ankle & Foot, carpal tunnel syndrome, Forearm, Wrist, & Hand, and Knee. Also, Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The physical medicine guideline allows for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.- Myalgia and myositis, unspecified: 9-10 visits over 8 weeks- Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks- Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. Therefore, the requested treatment is not medically necessary.

Home Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The injured worker sustained a work related injury on January 6, 2015. The medical records provided indicate the diagnosis of cervical musculoligamentous sprain/strain with attendant spondylosis; lumbar musculoligamentous sprain/strain with right lower extremity radiculitis with attendant spondylosis including disc degeneration at L4-L5 and L5-S1 and right sacroiliac joint sprain; bilateral shoulder impingement syndrome and periscapular strain s/p right shoulder arthroscopy and manipulation under anesthesia May, 2014; bilateral elbow medial epicondylitis and possible cubital tunnel syndrome; bilateral wrist tendinitis and possible carpal

tunnel syndrome. The medical records provided for review do not indicate a medical necessity for Home Interferential Unit.