MAXIMUS Federal Services

Case Number:	CM14-0212581		
Date Assigned:	12/30/2014	Date of Injury:	12/05/1980
Decision Date:	03/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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

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 54-year-old female who reported an injury on 12/05/1980. The mechanism of injury was cumulative trauma. The injured worker underwent electrodiagnostic studies on 02/13/2014, which revealed evidence of severe bilateral carpal tunnel syndrome at the wrist, affecting the sensory and motor components. The surgical history included a bilateral carpal tunnel release, a left de Quervain's release, and left index/ring trigger finger release and postoperative therapy. The prior therapies and medications were not provided. The documentation of 11/13/2014 revealed that the injured worker had subjective complaints of neck pain and bilateral shoulder and elbow pain. The physical examination revealed tenderness to palpation over the subacromial regions, acromioclavicular joint and supraspinatus tendons. Impingement and cross arm tests elicited posterior pain. The range of motion of the right shoulder was flexion 160 degrees, extension 45 degrees, abduction 160 degrees, adduction 40 degrees, and internal rotation 70 degrees and external rotation 80 degrees. The range of motion of the left shoulder was flexion 150 degrees, extension 40 degrees, abduction 150 degrees, adduction 35 degrees, internal rotation 65 degrees, and external rotation 75 degrees. The injured worker had tenderness to palpation of the bilateral elbows over the medial and lateral epicondyles. The Cozen's and reverse Cozen's were slightly positive bilaterally. The Tinel's test was negative. The range of motion of the bilateral elbows were flexion 140 degrees, 0 degrees of extension, 80 degrees of pronation, and 80 degrees of supination. Sensation to pin prick and light touch in the bilateral upper and lower extremities was decreased in the bilateral median nerve distribution. The injured worker had grade 4/5 weakness of the left shoulder in flexion and

abduction and reflexes were 2+ bilaterally. The injured worker had x-rays of the cervical spine that were noncontributory. The diagnoses included bilateral elbow medial and lateral epicondylitis and bilateral shoulder parascapular strain/tendinitis/impingement with partial left supraspinatus tendon tear. The treatment plan included a request for chiropractic manipulative treatment for the shoulders and elbows. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic manipulative therapy treatments for bilateral shoulders & bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 203, 205; 25, 28. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines; Shoulder (Acute & Chronic); Chiropractic, Elbow; Elbow (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation, Elbow Chapter, Manipulation

Decision rationale: The Official Disability Guidelines indicate that manipulation for the shoulder is for up to 9 visits and manipulation for the elbow is recommended for 3 visits contingent upon objective improvement in function and decrease in pain. There was a lack of documentation of the prior conservative therapies that were utilized. The injury was noted to be in 1980. There was a lack of documentation of exceptional factors to warrant exceeding guideline recommendations. Given the above, the request for 12 chiropractic manipulative therapy treatments for bilateral shoulders and bilateral elbows is not medically necessary.