

Case Number:	CM14-0213762		
Date Assigned:	12/31/2014	Date of Injury:	06/03/2013
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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
Certification(s)/Specialty: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 44 year old female who sustained an injury to her right knee, elbow, right shoulder and wrist on 06/03/2013 as a result of attempting to catch falling boxes. The subjective complaints reported per treating physician's first report are as follows: "right shoulder pain radiation to right elbow, sore numbness right hand. Repetitive movement causes dull and sharp pain." The patient has been treated with medications, physical therapy extracorporeal shock therapy, physiotherapy modalities and chiropractic care. The diagnosis assigned by the PTP is shoulder arthropathy. No diagnosis is listed for the wrist. An EMG study of the upper extremities has revealed mild cervical nerve root abnormalities involving C5-6 somewhat greater on the left. There are no other diagnostic imaging studies in the records provided. The PTP is requesting 8 additional sessions of chiropractic to the right shoulder and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 for the right shoulder/wrist: 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) Wrist & Hand and Shoulder Chapters, Manipulation Sections. Other Medical Treatment Guideline or Medical Evidence: The MTUS Definitions page 1.

Decision rationale: The patient has received chiropractic care for her current injuries. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Wrist and Hand Chapter state that Manual therapy and manipulation is "not recommended" for wrist and hand. The MTUS ODG Shoulder Chapter recommends for flare-ups an additional 1-2 sessions of chiropractic care every 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There is no evidence of objective functional improvement with the treatment rendered in the past, per the past treatment records provided. Given these circumstances I find that the 8 chiropractic sessions to right wrist and shoulder to not be medically necessary and appropriate.