

<b>Case Number:</b>	CM15-0123786		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, Florida, California

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:

This 54 year old female sustained an industrial injury on 4/24/14. She subsequently reported right shoulder pain. Diagnoses include shoulder derangement and carpal tunnel syndrome. The injured worker continues to experience right shoulder pain. Upon examination, reduced range of motion in the right shoulder was noted. Tenderness to palpation in the posterior aspect of the shoulder was noted. Painful crepitus was noted with passive and active range of motion. Tinel's and right wrist compression testing were positive. A request for 6 Sessions chiropractic for right shoulder & wrist and EMG/NCV upper extremities was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions chiropractic for right shoulder & wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**Decision rationale:** This claimant was injured in 2014 with reported right shoulder pain. Diagnoses include shoulder derangement and carpal tunnel syndrome. Past rehabilitation efforts such as physical therapy are not reported. Regarding chiropractic care, the MTUS stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care is not medically necessary. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Objective, functional improvement out of past rehabilitative efforts is not known. Past rehabilitative efforts and outcomes are not reported. Also, at this point of care, rehabilitative needs should be sufficiently addressed by an independent home program, the status of which is not mentioned in the records. Therefore, this request is not medically necessary.

**EMG/NCV upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303.

**Decision rationale:** As shared previously, this claimant was injured in 2014. She subsequently reported right shoulder pain. Diagnoses include shoulder derangement and carpal tunnel syndrome. Past rehabilitation efforts such as physical therapy are not reported. There is no neurological exam demonstrating definitive or equivocal findings that might lead to clarification with further testing. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Therefore, this request is not medically necessary.