

<b>Case Number:</b>	CM15-0170732		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2015

### 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, Oriental 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 46 year old male-female, who sustained an industrial-work injury on 10-23-12. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder sprain and strain, elbow strain and sprain, wrist sprain and strain, Reflex sympathetic dystrophy syndrome of the upper limb and chronic pain syndrome. Medical records dated 8-9-15 indicate that the injured worker was re-evaluated and has been improving with her overall symptoms. She is able to do more activities of daily living (ADL) and function better. The medical records reveal that the activities of daily living (ADL) have worsened due to pain. Per the treating physician report dated 8-9-15 the employee may work with restrictions. The physical exam dated 8-9-15 reveals left shoulder was restricted 15 percent with less pain, positive Roos test, there was less tenderness muscle spasm, positive supraspinatus press test and resist test. The right shoulder was slightly restricted. There is less tenderness muscle spasm, positive supraspinatus press test and resist test, positive Roos test and positive impingement test. The left elbow was tender with muscle spasm, positive Tinel's was noted ,the left wrist was tender with slight restriction and slight weakness, positive Tinel's and positive Phalen's were noted , the reflexes in the upper extremities were absent bilaterally and dermatomes were decreased on the left. The left hand grip strength was decreased. The medical; record dated 7-10- 15 documents the bilateral shoulder pain is rated 8 out of 10 on pain scale and severe. She is also complaining of nausea from the medications. She is also having problems with sleep due to pain. Treatment to date has included pain medication, left shoulder surgery 2013, diagnostics, physical therapy, chiropractic at least 5 sessions and other modalities. The original Utilization

review dated 8-18-15 denied a request for Chiropractic times 1 for the Bilateral Shoulder, Left Wrist, and Left Elbow as there is no documented functional improvement the guidelines do not recommend chiropractic for the extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiro x 1 Bilateral Shoulder, Left Wrist, Left Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The utilization review document of June 18, 2015 non-certified the treatment request for chiropractic care to the patient's bilateral shoulder, left wrist and left elbow citing CA MT US chronic Treatment guidelines. The patient was reported to be status post left shoulder arthroscopic surgery, left elbow sprain a treatment history to include physical therapy, chiropractic therapy and imaging. The reviewed medical records did not provide clinical evidence of medical necessity for additional chiropractic treatment to the patient's wrist, shoulders or elbow based on the absence of functional improvement from prior care and CA MT US chronic treatment guidelines.