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| <b>Case Number:</b>   | CM13-0003581 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 05/24/2013 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 07/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/26/2013 |

### 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. The expert reviewer is licensed in Chiropractic and Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67 year old female who reported left shoulder, left elbow and left wrist pain from injury sustained on 05/24/13 due to cumulative trauma of repetitive computer work. There were no diagnostic imaging reports. Patient is diagnosed with left shoulder supraspinatus tendinitis; left lateral epicondylitis and left wrist/hand sprain/strain. Per medical notes dated 06/15/13, patient complains of severe pain in the left shoulder radiating midway to the elbow, pain above and below the elbow as well as the wrist. Per medical notes dated 07/02/13, patient is getting severe pain in left shoulder with pain going to the elbow. Per medical notes dated 04/01/14, patient complains of continues severe pain in the left wrist upon flexion/extension and numbness/tingling. She complains of stiffness and weakness in left hand. She is not able to perform repetitive, excessive mouse clicking computer work. Provider is requesting initial trial of 18 chiropractic sessions. Requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE FOR THE LEFT UPPER EXTREMITY; 3 TIMES A WEEK FOR 6 WEEKS , 18 SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines - Manual therapy and manipulation page 58-59, recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. Patient has not had prior Chiropractic treatment. Per guidelines 3-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Provider is requesting initial trial of 18 chiropractic visits. Requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 18 chiropractic visits are not medically necessary.