

<b>Case Number:</b>	CM13-0015987		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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, has a subspecialty in 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 patient is a 35 year old female with a date of injury of 5/27/10. According to the progress report dated 7/30/13, the patient complained of neck, right shoulder, right elbow, and right wrist pain with significant tightness. The patient reported difficulty sleeping, and increased pain with work. She has had chiropractic therapy and acupuncture in the past. The significant objective findings include tenderness along the cervical paraspinal muscles bilaterally, and tenderness along the bilateral shoulder and elbows with some weakness against resistance secondary to pain. The patient was diagnosed with cervical pain with facet inflammation, bilateral shoulder impingement, right greater than left, bilateral medial epicondylitis, greater than left, ulnar neuritis along the right, and wrist sprain on the left due to compensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. The request for chiropractic three times a week for four weeks for the neck, right shoulder, elbow, and wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 137. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** According to the ACOEM guidelines, manipulation has been compared to various treatments (not placebo or non-treatment) for patients with neck pain in nearly 20 randomized clinical trials; more have favored manipulations, with one reporting better results in combination with exercise. Cervical manipulation has not yet been studied in worker's compensation population. The Official Disability Guideline recommends 9 visits over 8 weeks for regional neck pain. The patient complained of neck, right shoulder, right elbow, and right wrist pain with significant tightness. The patient had chiropractic treatments in the past and reported relief; however the treatment was not for the neck. The provider requested 12 chiropractic sessions, which exceeds the number of recommended visits set by the Official Disability Guidelines for regional neck pain. Therefore the request is not medically necessary.