

<b>Case Number:</b>	CM13-0023711		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/25/2006
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Care 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:

According to the available medical records, this is a 64 year old female patient with chronic neck pain, right posterior shoulder pain, bilateral hand and forearm with numbness and weakness and headaches, date of injury October 25, 2006. Previous treatments include medication, chiropractic, acupuncture and physical therapy. The primary treating physician's progress report dated July 10, 2013 by [REDACTED] revealed constant neck pain, stiffness and popping, right greater than left (R>L). The pain rated 5-8/10 and increased with activities. The pain radiating into the right upper extremity around the shoulder and into the axila with frequent right anterior shoulder pain rated 6/10 and occasional fasciculation in the deltoid and biceps muscles. There was a burning feeling in the upper arm, intermitten R>L forearm pain rated 4/10. She occasionally drop items without warning. Has occasional headaches in the back and sides of the head with occasional episodes of dizziness. The exam also noted palpatory pain at C6-T1, moderate R>L, trigger point in the trapezius, subluxation found at right costosternal joint, pectoral hypertonic, Phalen's test positive on the right, Halstead maneuver positive on the right, Roo's test positive on the right, Jackson's Comp. positive on the left. The range of motion (ROM): flex 45, ext 40, left lat. flex. 40, right lat. flex. 35, left rotation 70, right rotation 65, hypoesthesia C7, C8 right, right head tilt, Rhomberg test show left sway, figner to nose test was positive on the left, right lateral and posterior cervical musculature slight to moderate tenderness and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**chiropractic 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 Chronic Pain Section Page(s): 58-59.

**Decision rationale:** The Review of medical records did not meet the California MTUS guidelines intended goal or effect of Manual Medicine 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. There was no therapeutic exercise program for this patient, no objective functional improvement documented. Therefore, the request for chiropractic treatments is not medically necessary and appropriate.