

<b>Case Number:</b>	CM13-0025536		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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, 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 51 year old female with a date of injury of February 27, 2005. According to the progress report dated November 04, 2013, the patient complained of worsening bilateral hand, shoulder, and bilateral lower extremity pain. The patient stated her hand pain consisted of numbness and tingling that radiated from the shoulder. The patient was unable to sleep at night secondary to pain. She has completed a course of chiropractic treatment which she states helps temporarily. Physical exam of the shoulder revealed anterior shoulder tenderness, reduced range of motion in flexion and abduction by 20%, and positive impingement sign on the left. Exam of the bilateral hands revealed reduce grip strength bilaterally, reduced sensation in bilateral median nerve distribution, and positive Tinel's and Phalen's test. The patient was diagnosed with bilateral shoulder impingement syndrome status post left shoulder arthroscopy, bilateral carpal tunnel syndrome, and De Quervain's tenosynovitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**chiropractic care, for the back, three (3) times a week for four (4) weeks: 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): 58-60.

**Decision rationale:** The provider failed to demonstrate objective functional improvement from chiropractic care. Records indicated that the patient condition was worsening per progress report dated November 04, 2013. Therefore, the provider's request for chiropractic sessions 3 times a week for 4 weeks to the back is not medically necessary at this time.

**chiropractic care, for the shoulders, three (3) times a week for four (4) weeks: 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): 58-60.

**Decision rationale:** The patient completed a course of chiropractic treatment per progress report dated November 04, 2013. The patient stated that the treatment was helpful temporarily. There was no evidence of objective functional improvement in the submitted medical records. Therefore, the provider's request for chiropractic 3 times a week for 4 weeks to the shoulder is not medically necessary at this time.

**chiropractic care, for the bilateral upper extremities, three (3) times a week for four (4) weeks: 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): 58-60.

**Decision rationale:** Per progress report dated November 04, 2013, the patient stated that chiropractic care provided temporarily relief and that her conditions were worsening. The provider failed to demonstrate objective functional improvement in the submitted documents. Therefore, the provider's request for chiropractic sessions 3 times a week for 4 weeks to the bilateral upper extremities is not medically necessary at this time.

**chiropractic care, for the neck, three (3) times a week for four (4) weeks: 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): 58-60.

**Decision rationale:** Per progress report dated November 04, 2013, the patient stated that chiropractic care provided temporarily relief and that her conditions were worsening. The provider failed to demonstrate objective functional improvement in the submitted documents.

Therefore, chiropractic sessions 3 times a week for 4 weeks to the neck is not medically necessary at this time.