

<b>Case Number:</b>	CM13-0028946		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/21/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Licensed in Chiropractor, and is licensed to practice in Texas. 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 physician 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 55-year-old injured worker who reported an injury on 06/21/2008 due to a slip and fall accident. According to the documentation dated 03/05/2013 the patient stated he felt his work-related injuries resulted in neck, right and left shoulders, upper and lower back, right and left hands, right and left wrists, and right thumb which was noted as not bending, his right thumb also had a spur, and numbness and tingling of the right and left hands. At the time of this evaluation on 03/05/2013, the patient was noted as taking hydrocodone, centrum AM, tramadol, APAP/codeine, tizanidine, acetaminophen, hydrocodone, carisoprodol, ranitidine, gabapentin, Midrin, GABAdone, fluoxetine, and Theramine. The patient reportedly had been taking his medication on and off for 4 years, but was not taking them all at the same time. The patient went on to state that his pain was an 8/10 to 10/10 regarding all the areas listed above pertaining to his injured sites. Upon physical examination, the patient was noted as having no swelling in his extremities. There was right and left calf tenderness which the patient stated had been present for the last 3 years. The patient was stated to have been unable to move his head and therefore, the physician was unable to examine the neck. Additional physical findings noted that the right hand is warm, fingers are swollen and taut, and there is swelling between all of the knuckles. There was also noted tenderness of the metacarpophalangeal joints and tenderness of the proximal interphalangeal joints. The left hand was also warm with the fingertips swollen, as well as swelling being noted on all of the knuckles and tenderness of the metacarpophalangeal joints and tenderness of the proximal interphalangeal joints. The physician is now requesting chiropractic once a week for 1 week for the cervical, thoracic, lumbar, right thumb, and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy once a week for one week for the cervical, thoracic, lumbar, right thumb and bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** According to California MTUS, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended for various areas of the body to include the low back which is recommended as an option at a trial of 6 visits over 2 weeks, with evidence of objective functional improvement at a total of up to 18 visits over 6 to 8 weeks. However, there is no recommendation for chiropractic care for the forearm, wrist, hand or the knees. Furthermore, due to lack of current clinical documentation providing a thorough overview of the patient's pathology to date, it is unclear what the patient's condition is at this time. The request for chiropractic therapy once a week for one week for the cervical, thoracic, lumbar, right thumb and bilateral knees is not medically necessary and appropriate.