

<b>Case Number:</b>	CM13-0045216		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 a licensed 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 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 36-year-old female who reported an injury on 07/31/2013. The mechanism of injury was pulling. Her current diagnoses include wrist tendinitis, wrist pain, carpal tunnel syndrome, shoulder pain, and shoulder bursitis. Her previous treatments included physical therapy, medication, and a splint. Within the most recent clinical note dated 10/16/2013, her symptoms were noted to include shoulder pain that radiated to her hand and neck and left wrist pain. The clinical note failed to provide a physical examination. The treatment plan included a recommendation for the injured worker to return to regular work and schedule a followup appointment in 2 weeks. The current request is for chiropractic 2 times per week times 8 weeks (total of 16 visits) for the cervical, thoracic, and right arm with the rationale not provided. The Request for Authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2xWk x8 (16) Wks Cervical Thoracic Right Arm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page(s) 58-60 Page(s): 58-60.

**Decision rationale:** The current request for chiropractic 2 times per week times 8 weeks (total of 16 visits) for the cervical, thoracic, and right arm is not medically necessary. According to the California MTUS Guidelines, manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progress in the injured worker's therapeutic exercise program and return to productive activities. Additionally, the guidelines indicate that treatment frequency is 1 to 2 times per week for 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 for a maximum duration of 8 weeks. At 8 weeks, the injured worker should be re-evaluated to indicate if the manipulation was helpful in improving function, decreasing pain, and improving the quality of life. The guidelines also indicate that manual therapy is not recommended for the forearm, hand, and wrist. The clinical documentation indicated that the injured worker had complaints of shoulder pain that radiated to her hand and neck and left wrist pain. While the guidelines do support physical medicine for the cervical and thoracic spine, it does not support therapy for the right arm. In addition, the documentation failed to show evidence of current functional deficits in the requested areas. As such, the request for Chiropractic 2xWk x8 (16) Wks Cervical Thoracic Right Arm is not medically necessary.