

<b>Case Number:</b>	CM13-0049157		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/20/2006
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Board Certified in Chiropractics 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 40 year old female who was injured on 08/20/2006 injuring her left shoulder. Mechanism of injury is unknown. Prior treatment history has included trial of physical therapy and acupuncture. She also uses an ankle brace and cane for support. Medications include Naproxen, omeprazole 20 mg. Diagnostic studies reviewed include EMG in 2010 which was normal. An electrodiagnostic study dated 10/22/2011 revealed no evidence of carpal tunnel syndrome, ulnar nerve entrapment or generalized peripheral neuropathy in the left upper limb. There was no evidence of cervical radiculopathy in the left upper limb. X-rays of the left shoulder dated 01/24/2013 included AP, lateral and scapular Y showing no evidence of glenohumeral joint changes, some several AC joint arthrosis. On 10/01/2013 she had a normal MRI of the cervical spine other than for straightening of the normal curvature. Normal MR myelogram. No evidence of significant bulge, focal herniation, central canal or foraminal spinal stenosis. MRI of the left ankle dated 10/30/2013 revealed moderate, irregular but diffuse gadolinium enhancement of the mass over the dorsolateral aspect of the ankle. Progress note dated 10/11/2013 documented the patient to have complaints of neck pain that is radiating down both sides and numbness now going to the index finger on the left and pain down the arms. Most of the pain occurs during the course of the day. She points to the left paracervical muscles on the left trapezius. Objective findings on exam included examination of the cervical spine showing no deformity or torticollis. There was no spasm and no tenderness on palpation. The range of motion of the cervical spine revealed flexion 90 degrees, extension 45 degrees, right lateral bend 45 degrees, left lateral bend 45 degrees. There is no palpable or observable cervical instability. Cervical compression test is negative. Right and lateral bend compression is negative. Shoulder abduction test is negative and hyperextension test is negative. Motor strength was 5/5 in flexion, extension and right and left lateral bend. Sensory exam revealed normal sensation of right and

left upper extremities. Reflexes were 2+ bilaterally. Examination of the cervical spine demonstrates 30% loss of motion with forward flexion of 70 degrees extension 20 degrees, and lateral bend to 20-30 degrees. Rotation to the left reproduces the patient's left paracervical pain, left trapezius pain and left arm and hand pain. There is positive compression test. Grade 4+ strength throughout all muscle groups about the left elbow and the left wrist, 1+ biceps reflex. There is decreased sensation about the lateral arm and lateral forearm. Impression: Persistent symptomatic cervical radiculitis. PR-2 dated 10/22/2013 documented the patient with complaints of now having difficulty bearing weight. Pain is about 7/10, worse with walking. Also feels paresthesias with prolonged sitting and standing. Complaints are the same but pain is worse today from taking the bus and walking to MRI appointment yesterday. Objective findings on exam reveal left ankle has no swelling of the dorsal ankle, There is tenderness in the anterior aspect of lateral ankle. She limps with pain and walking with a cane. Full ROM, pain elicited with dorsiflexion and lateral flexion. Diagnosis: Left ankle sprain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CHIROPRACTIC 2 TIMES PER WEEK FOR 6 WEEKS IN TREATMENT OF THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

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

**Decision rationale:** This request is for chiropractic treatment 2x a week for 6 weeks (total 12 sessions). As per the CA MTUS guidelines, Chiropractic care is recommended for musculoskeletal pain with intended goal to achieve positive symptomatology or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation helps moving a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. This patient's date of injury is 08/20/2006. This patient was diagnosed with brachial neuritis/radiculitis and cervicalgia. The patient's major complaints, per the medical records, were neck pain radiating bilaterally downward with pain into both arms and extending into the left index finger. The mechanism of injury was not documented in the records. Diagnostically, although x-rays demonstrated tilting of C5 on C6, the MRI study was essentially normal. CA MTUS guidelines state, an initial trial of 6 visits over 2 weeks for chiropractic care is recommended with evidence of objective functional improvement for total of 18 visits over 6-8 weeks. The Date of injury for this patient is far beyond the above stated guidelines for treatment, i.e. the most effective time for utilization of Chiropractic care, where the most benefit to the patient may occur, is within the first two weeks following the injury. Regarding treatment, this patient had a trial regimen of P/T and Acupuncture on 10/11/2013. It is not documented in the records how many treatments were completed. The records also do not document any measurable functional improvement having resulted from above said treatment nor do they reflect any specific goals with ultimate transitioning of this patient to a therapeutic home exercise program. Regarding this current

request for Chiropractic treatment, again, the provider has stated no specific functional goal for this proposed treatment to accomplish. The requested treatment of Chiropractic 2x weeks x 6 weeks, 12 sessions exceeds the guidelines recommendation; therefore, the request is non-certified.