

<b>Case Number:</b>	CM13-0050593		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/02/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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 injured worker is a 25-year-old male, who complains of injuries to the right elbow, right shoulder, lower and upper back. According to medical records provided on 9/2/12, the patient was standing on a stack of boxes while reaching, then lost his balance, which caused him to fall. A progress report dated 9/17/13, indicated the diagnoses as right elbow fracture with tendinosis, lumbar disc with annular tear, stenosis, right lower extremity neuralgia, thoracic sprain/strain, right shoulder sprain/strain with impingement, right carpal tunnel syndrome, sleep disorder and depressive disorder. The objective findings were: tenderness on palpation with limited, painful range of motion and positive orthopedic evaluation to the upper back, lower back, right elbow and right shoulder. However, no specific orthopedic tests were mentioned. Decreased sensory L5/S1, range of motion flexion of the right elbow 125 degrees and extension -2/0 and range of motion to the lumbar spine was 50 degrees of flexion and 10 degrees of extension. An MRI of the lumbar spine was performed on 6/7/13 and reported findings were L4/L5 4mm posterior disc herniation, mild facet hypertrophy, lateral and spinal canal stenosis. L5/S1 three (3) millimeter posterior disc protrusion, annular tear, mild facet hypertrophy and mild left recess stenosis. The provider has requested an appeal to a previous non-certification of two (2) times a week for six (6) weeks of chiropractic sessions for the thoracic/lumbar, right shoulder, right elbow and lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits for the thoracic/lumbar spine, right shoulder/elbow, and lower extremity, two (2) times a week for six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Online Edition, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Online Edition.

**Decision rationale:** The request for twelve (12) chiropractic sessions is not medically necessary. There is insufficient objective measurable gains in functional improvement documented. There is no specific mention of what orthopedic tests were positive or how the patient's symptoms have improved. The Chronic Pain Guidelines state that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The guidelines also indicate that the 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. The request has not been established as medically necessary.