

<b>Case Number:</b>	CM13-0052422		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/20/1997
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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 patient is an 81-year-old female, born on [REDACTED]. The patient reportedly fell on 03/20/1997, but no specific history of the mechanics of a fall were noted. The earliest dated chiropractic record submitted for this review is the 04/30/2012 PR-2, which reports complaints of neck pain rated 8/10, right wrist pain rated 7/10, and left wrist pain rated 9/10, with symptoms present since the date of injury. Diagnoses were reported as cervical pain (723.1) and wrist pain (736.05), and the chiropractor requested 6 visits and release from care back to the original P&S status. The chiropractor's 06/29/2012 PR-2 reports the patient had completed 6/6 authorized visits and was released from care back to the original P&S status. The chiropractor's 05/07/2013 PR-2 references the request for 5 visits on 04/11/2013 with no response. The chiropractor's 07/15/2013 PR-2 reports the patient had completed 5/5 visits and was released from care back to original P&S status. The chiropractor's 10/18/2013 PR-2 reports neck pain rated 8/10, right wrist pain rated 5/10, and left wrist pain rated 8/10, with symptoms present since the date of injury. Diagnoses were noted as cervical pain (723.1) and wrist pain (736.05), and the chiropractor requested 5 visits and release from care back to the original P&S status. The most recent chiropractic record provided for this review is the 11/15/2013 PR-2 (11/13/2013 exam date), which reports neck pain rated 7/10, right wrist pain rated 6/10, and left wrist pain rated 7/10, with symptoms present since the date of injury. By examination on 11/13/2013, cervical lordosis was decreased, head tilt was left; all cervical and bilateral wrist planes of motion were decreased and painful without measured degrees of motion noted; cervical palpation revealed taut and tender fibers with pain, bilateral wrist palpation was painful, and cervical maximum compression test was positive bilaterally. Diagnoses were noted as cervical pain (723.1) and wrist pain (736.05), and the chiropractor requested 6 visits and release from care back to the original P&S status. There is a request for 6 visits of chiropractic care to the cervical spine and bilateral wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **6 Chiropractic visits for the cervical spine and bilateral wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Online Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 05/30/2014.

**Decision rationale:** MTUS does not support treatment of wrist complaints with manual therapy and manipulation, and ODG does not support the request for additional chiropractic visits for the cervical spine. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports some manual and manipulative therapy in the care of some chronic pain complaints if caused by musculoskeletal conditions, but not in the care of wrist complaints. MTUS reports in the care of forearm, wrist, and hand complaints manual therapy and manipulation are not recommended. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, MTUS guidelines are not applicable in this case relative to cervical complaints. ODG is the reference source, and ODG does not support the request for 6 sessions of additional chiropractic therapy for the neck. The patient has already treated with chiropractic care on an unreported number of occasions without evidence provided for this review of efficacy with care rendered. The request for 6 sessions of additional chiropractic therapy for the neck exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. This patient has already treated with chiropractic care on an unreported number of occasions. On 04/30/2012, the chiropractor requested 6 visits. The 06/29/2012 PR-2 notes the patient had completed 6/6 authorized visits, and the 07/15/2012 PR-2 reports the patient had completed 5/5 visits. Numerous other chiropractic treatments have been requested without record of total number completed. The chiropractic records do not provide evidence of efficacy with care rendered, evidence of acute exacerbation, or evidence of a new condition. Therefore, the request for 6 additional chiropractic treatment sessions to the patient's cervical spine exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary.