

<b>Case Number:</b>	CM14-0106164		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 52-year-old female who reported an injury on 11/09/2013, reportedly caused by repetitive injury. The injured worker's treatment history included 12 visits of physical therapy, 6 visits of occupational therapy, and 6 chiropractic treatments. The injured worker was evaluated on 06/04/2014 and it was documented that the injured worker reported acupuncture was not helpful and chiropractic treatment was helpful in the short term use. The provider noted that she does a home exercise program taught at physical therapy, and also exercises taught by chiropractic's. She had minimal numbness. Physical examination revealed the right elbow had tenderness to palpation. The right elbow range of motion was full and painless. The right hand and forearm examinations were unremarkable. There was mild weakness of shoulder abduction, with strength 4+/5 noted. There were no other motor or sensory defects. The diagnoses included mild right carpal tunnel syndrome, cervical right forearm strain. The Request for Authorization dated 06/04/2014 was for physical therapy and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 3 weeks for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. General intervention for treating pain should be limited and goal oriented. The injured worker has completed a course of physical therapy and chiropractic visits for this injury and participates with an independent home exercise program. Additionally, the request for more physical therapy visits would exceed the recommended amount of visits per the guidelines. As such, the request for physical therapy 2 times a week for 3 weeks for the neck is not medically necessary.

**Chiropractic 2 times a week for 3 weeks for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** The requested is not medically necessary. The California MTUS Guidelines may support up to 18 visits of chiropractic sessions Manual Therapy & Manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. General intervention for treating pain should be limited and goal oriented. The injured worker has completed a course of physical therapy and chiropractic visits for this injury and is proficient in participating with an independent home exercise program. Additional chiropractic visits beyond that recommended by the guidelines is not medically necessary. As such, the request for chiropractic 2 times a week for 3 weeks for the neck is not medically necessary.