

<b>Case Number:</b>	CM14-0015826		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 65 year-old female with a 2/20/13 date of injury. She as been diagnosed with lumbar sprain; left hip sprain; right shoulder strain; right elbow medial epicondylitis; right wrist tendonitis. According to the 12/19/13 handwritten report from [REDACTED] office the patient presents with low back pain, shoulder, elbow and wrist pain that has been increasing. She has not had treatment for 6 weeks from the chiro and PT due to the denied claim. On 1/14/14 UR recommended denial for chiropractic care (unknown frequency and duration) and physiotherapy 3x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE (UNSPECIFIED FREQUENCY AND DURATION):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER LOW BACK COMPLAINTS, 298-299

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

**Decision rationale:** According to the 12/19/13 handwritten report from [REDACTED] office the patient presents with low back pain, shoulder, elbow and wrist pain that has been increasing. I have been asked to review an incomplete prescription for chiropractic care, with an unknown duration and frequency. MTUS does not recommend chiropractic care for the wrist or elbow, but does provide recommendations for the lower back. MTUS recommends a trial of 6-sessions for the lower back. The request before me is not complete. The duration and frequency are not listed. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. The request is not medically necessary.

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER PHYSICAL MEDICINE GUIDELINES, 98-99

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

**Decision rationale:** According to the 12/19/13 handwritten report from [REDACTED] office the patient presents with low back pain, shoulder, elbow and wrist pain that has been increasing. I have been asked to review for PT 3x4. MTUS states up to 8-10 sessions of PT are appropriate for various myalgias or neuralgias. The request for PT 3x4 will exceed MTUS recommendations. The request is not in accordance with MTUS guidelines. The request is not medically necessary.