

<b>Case Number:</b>	CM14-0127946		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 a licensed Chiropractor, 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 67-year-old female with a date of injury on 01/31/2008. The patient was determined permanent and stationary per Agreed Medical Re-Evaluation Report dated 10/03/2013. The PR-2 of 03/21/2014, completed in difficult to decipher handwritten script, reports right wrist and index finger pain. Tinel's and Phalen's were reportedly improved; range of motion was reported as flexion 55, extension 55, radial deviation 20, and ulnar deviation 25. The patient was determined temporarily totally disabled until 04/13/2014. The treatment plan recommended acupuncture at a frequency of 2 times per week for 3 weeks. The 05/09/2014 PR-2, completed in difficult to decipher handwritten script, reports patient complaints of neck and bilateral wrist pain and stiffness. Cervical spine ranges of motion were noted as flexion 40, extension 40, left lateral bending 30, right lateral bending 32, and bilateral rotation 62. Compression and distraction tests were reported positive, and tenderness to palpation and muscle guarding sub occipital, PVM and traps. Wrist ranges of motion were noted as flexion 38, extension 40, radial deviation 12 and ulnar deviation 18; positive findings on Tinel's, Phalens and Finkelstein; and tenderness to palpation bilateral flexor/extensor tendons and 1st MCP. Diagnoses were numerically noted as 842, 354.0, 726.31, 726.32, 727.03, 847.0, 722.0, 723.0, 840.9, 726.1, and 715.91. The patient was returned to modified work duties on 05/09/2014. There is a request for chiropractic care at a frequency of 2 times per week for 4 weeks to the cervical spine and bilateral wrist. The patient had completed 57 chiropractic treatment sessions through 01/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic visits, 2 x per week for 4 weeks, for the cervical spine and bilateral wrists:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

**Decision rationale:** The request for 8 additional chiropractic treatment sessions at a frequency of 2 times per week for 4 weeks to the cervical spine and bilateral wrist is not supported to be medically necessary. 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 therapy and manipulation in the care of chronic low back pain complaints if caused by musculoskeletal conditions, but not in the care of wrist complaints. MTUS reports in the care of forearm, wrist, hand complaints, and carpal tunnel 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 8 sessions of additional chiropractic therapy for the neck. 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. The patient had completed 57 chiropractic treatment sessions through 01/18/2013. The submitted clinical records do not provide evidence of efficacy with care rendered, evidence of acute exacerbation, or evidence of a new condition; therefore, the request for 8 additional chiropractic treatment sessions to the patient's cervical spine exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary.