

<b>Case Number:</b>	CM14-0132297		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Doctor of Chiropractic, has a subspecialty in Acupuncture, 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 reported to be a 26 year old internet processor who reported CT injury from 8/26/13 and a specific injury 10/1/13; injuries were to the upper extremities. Diagnoses: Bilateral carpal tunnel syndrome, moderate to severe right and moderate on the left; muscle contraction headaches (per AME [REDACTED] 3/6/14). Chiropractic care and Acupuncture care of unknown duration was provided prior to the AME evaluation. On 6/18/14 a request for additional Chiropractic care was submitted to manage BL upper extremity symptoms and reported spinal pain with positive cervical compression, tenderness over the parathoracic region palpable pain over the right lateral epicondyle. Patient was working modified. On 7/25/14 a denial of requested chiropractic care was issued following a request for additional Chiropractic care, 1x6 for management of cervical spine and right upper extremity complaints. The UR physician found no clinical evidence of functional improvement following manual therapy to support continued use of Chiropractic care. Denial of care was supported by CAMTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines, pg. 58.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC 1XWK X 6WKS CERVICAL SPINE & RIGHT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 174-5, 265. Decision based on Non-MTUS Citation ODG: Cervical Spine Work Loss Data Institute, ODG® Treatment in Workers Compensation, 5th Edition, 2010

**Decision rationale:** The medical records from [REDACTED] along with the AME from [REDACTED] address the patient's onset of neck and upper extremity symptoms that ultimately resulted in the diagnoses of carpal tunnel syndrome, bilaterally and contraction headaches for which physical therapy, Chiropractic care and Acupuncture has been applied. Reports of objective functional improvement are lacking in the supplemental reports from [REDACTED] leaving the request of 6/8/14 appropriately denied on 7/25/14. The CAMTUS Chiropractic Treatment Guidelines/ODG Guidelines require of the provider of care to document functional improvement prior to consideration of additional care if requested; none was provided. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. In the absence of clinical evidence of functional improvement further Chiropractic care requested is not medically necessary.