

<b>Case Number:</b>	CM14-0133348		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 licensed 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 injured worker is a 16-year-old male with reported injury on 05/30/2014, he was the restrained driver of a company paramedic van which was rear ended by a truck, pushing his van into the vehicle in front of him. The patient reports his body jerked backward and forward causing him to strike his head on the steering wheel. He immediately experienced the onset of neck pain and headache. He presented for medical care on 07/23/2014 with complaints of neck pain, upper back pain, left wrist pain, and headaches. Noted on cervical examination were decreased lordotic curvature, tenderness to palpation with spasm/hypertonicity, axial compression test and Spurling's maneuver negative. Cervical ROM noted as: flexion 40 , extension 38 , right rotation 60 , left rotation 69 , right lateral bending 36 and left lateral bending 34 with pain in all planes. Noted on thoracic examination were tenderness to palpation with spasm/hypertonicity and thoracic ROM noted as flexion 51 , right rotation 24 , and left rotation 23 . Noted on left wrist examination were no evidence of atrophy, swelling or deformity; tenderness to palpation over the flexor tendons and first extensor compartment, Finkelstein's slightly positive, and left wrist ROM noted as flexion 60 , extension 60 , radial deviation 20 and ulnar deviation 30 . Sensation to pinprick and light touch intact in upper extremities bilaterally, normal muscle bulk and tone with no weakness, and upper extremity DTRs 2+ bilaterally. The patient was diagnosed with cervical/trapezial musculoligamentous sprain/strain, thoracic spine musculoligamentous sprain/strain and left wrist strain / tenosynovitis /de Quervain's. The provider recommended chiropractic treatment at a frequency of 2 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2x6 to the Cervical/Thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**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 & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

**Decision rationale:** At the time of the request for chiropractic services (07/23/2014) the patient's condition was still acute (onset date 05/30/2014); therefore, MTUS (Chronic Pain Medical Treatment Guidelines) is not applicable and Official Disability Guidelines (ODG) is the reference source. ODG does not support the request for 12 sessions of chiropractic therapy for the cervical/thoracic spine. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ Chiropractic Guidelines recommends 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 request for 12 sessions of chiropractic therapy for the cervical/thoracic spine exceeds ODG's recommendation of a 6-visit trial of care over 2-3 weeks, therefore, is not medically necessary.

**Chiropractic 2x6 to the left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**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), Forearm, Wrist and Hand (Acute & Chronic) Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/08/2014.

**Decision rationale:** At the time of the request for chiropractic services (07/23/2014) the patient's condition was still acute (onset date 05/30/2014); therefore, MTUS (Chronic Pain Medical Treatment Guidelines) is not applicable and Official Disability Guidelines (ODG) is the reference source. ODG does not support the request for 12 sessions of chiropractic therapy for the left wrist. ODG reports manipulation is not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm. ODG Chiropractic Guidelines further note if a decision is made to use manipulative treatment despite the lack of convincing evidence, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy for a total of 9 visits over 8 weeks. The request for 12 sessions of chiropractic therapy for the left wrist exceeds ODG recommendations, therefore, is not considered medically necessary.

