MAXIMUS Federal Services

| Case Number: | CM14-0151897 | | |
|---|---|---|---|
| Date Assigned: | 09/22/2014 | Date of Injury: | 08/20/2003 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 09/17/2014 |

## 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 care 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 47 year old female who injured her neck, right shoulder, wrists, forearms and lower back on 08/20/2013. The injuries are cumulative trauma injuries due to repetitive use of mouse and keyboard. Per the Primary Treating Physician's progress report "current complaints are of constant pain which the patient rated a 10/10 on a visual analog scale referable to the right upper extremity with focal intensity from the elbow extending to the hand. The pain does radiate up into the left cervical region."The patient has been treated with medications, home exercise program, physical therapy, physiotherapy modalities and chiropractic care. The diagnoses assigned by the primary treating physician are cervicobrachial syndrome, inflammation of forearm and brachial syndrome. There are no diagnostic imaging studies in the records provided.The PTP is requesting 6 additional chiropractic sessions to unspecified body parts to include examination, manipulation 1-3 regions, US and E-Stim. The UR department has modified the request and authorized 1 session of chiropractic care to unspecified body parts to include examination, manipulation 1-3 regions, US and E-Stim.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care to include exam, manipulation 1-3 regions, US, E-Stim (sessions) ( Unknown quantity/ unspecified body part):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

**Decision rationale:** In this case multiple body parts have been injured due to cumulative trauma. The patient has received 12 sessions of chiropractic care to the neck and shoulder per the records provided. The number of sessions requested is specified as 6 per the UR records provided. The body parts in this particular request are not specified. Regardless, in order for additional sessions to be warranted MTUS recommendations should be met and followed. Objective functional improvement must be demonstrated in every case. The MTUS-Definitions page 1 defines functional improvement as 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 billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 6 additional chiropractic sessions to unspecified body parts to include examination, manipulation 1-3 regions, US and E-Stim to not be medically necessary and appropriate.