

<b>Case Number:</b>	CM14-0153978		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 44-year-old female who reported an injury on 10/05/2009. The mechanism of injury involved cumulative trauma. The current diagnoses include cervical sprain/strain with myospasm; bilateral elbow sprain/strain with lateral epicondylitis, rule out bilateral elbow internal derangement; bilateral wrist sprain/strain; and bilateral carpal tunnel syndrome. Previous conservative treatment is noted to include chiropractic therapy, physical therapy, medications, acupuncture, and bracing. The injured worker was evaluated on 08/08/2014 with complaints of moderate sharp neck pain and stiffness, moderate to severe left elbow pain, and severe sharp right elbow pain and tingling. Physical examination revealed decreased and painful cervical range of motion; 3+ tenderness to palpation of the cervical paravertebral muscles; positive shoulder depression testing bilaterally; decreased left elbow range of motion; 3+ tenderness to palpation of the posterior elbow with posterior Cozen's and Mill's sign; decreased and painful right elbow range of motion; 3+ tenderness of the posterior elbow; positive Mill's and Cozen's testing on the right; and decreased and painful range of motion of the bilateral wrist with tenderness to palpation and post Phalen's testing. Treatment recommendations at that time included continuation of chiropractic therapy. A Request for Authorization form was then submitted on 08/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue chiropractic - cervical spine and bilateral elbow #12 visits: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, additional treatment may be appropriate. As per the documentation submitted, the injured worker has previously participated in chiropractic therapy; however, there is no documentation of objective functional improvement. Therefore, this request is not medically necessary.