

<b>Case Number:</b>	CM14-0164634		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine 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 54-year-old male who sustained an injury on September 10, 2013. He is diagnosed with (a) elbow/forearm sprain/strain; (b) wrist sprain/strain; (c) pain in forearm; (d) muscle weakness; (e) carpal tunnel syndrome; (f) cervicothoracic sprain/strain; and (g) lumbosacral sprain/strain. He was seen for an evaluation on September 15, 2014. He reported that he was receiving physical therapy care with not much sustained favorable relief. He had complaints of low back pain that extends to the right leg, left shoulder pain, and neck and upper back pain. The examination of the cervical spine revealed decreased range of motion. There was tenderness over the bilateral upper trapezius with it greater on the left side. There was mildly positive Tinel's sign on the inner crease of the left elbow. The examination of the left shoulder revealed limited range of motion. The Hawkin's test and O'Brien's test were positive. There was tenderness over the acromioclavicular joint. The examination of the lumbar spine revealed decreased range of motion. The Kemp's test was positive, more so on the right side. The straight leg raising test was positive and elicited left-sided low back discomfort. There was tenderness over the left and right sacroiliac joints and over the lower lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment times 1 session per week:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The request for chiropractic therapy is not recommended at this time. Per Chronic Pain Medical Treatment Guidelines, the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the worker's therapeutic exercise program and return to productive activities. From the reviewed medical records, it has been determined that the injured worker previously underwent chiropractic therapy and that he received more benefit from it than physical therapy. However, there was no documentation of significant objective functional improvement as a result of previous therapy. This is necessary to warrant new sessions of chiropractic therapy.