

<b>Case Number:</b>	CM14-0023726		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Texas. 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 60-year-old female who reported an injury on 08/15/2012 due to a fall at work. Prior treatment included physical therapy, a TENS unit, acupuncture, chiropractic care, and physiotherapy. The injured worker reported pain at the time of injury as 7/10 to the low back and knee and 5/10 to the left thumb. Her diagnoses included lumbar spine sprain/strain, left wrist sprain/strain, and bilateral knee sprain/strain. The chiropractic panel qualified medical evaluation dated 02/18/2014 noted the injured worker reported stabbing pain to the bilateral shoulders, burning to the hip, aching over the left wrist, and numbness to the right hand and fingers. The physician noted a total of 15 physical therapy sessions had been completed. The injured worker's medication regimen included metformin, lovastatin, St. John's wort, lorazepam, Ativan, metoprolol tartrate, Terocin lotion, gabapentin, Toprophan, Norco, omeprazole, and genican/glucosamine. The injured worker had no relief of pain or improved functionality with conservative care measures. The physician was seeking chiropractic care 2 x 6 for right wrist, bilateral shoulders, and cervical spine. The request for authorization form was signed on 01/24/2014; however, no rationale was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care two times six for right wrist, bilateral shoulder, and cervical spine:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** The request for chiropractic care two x six for right wrist, bilateral shoulder, and cervical spine is now non-compensable and will be reviewed by claims examiner is non-certified. The California MTUS Guidelines for manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. Chiropractic treatment is not recommended for the forearm, wrist, and hand. There is a lack of documentation including an adequate and complete assessment of the injured worker's condition which demonstrates objective functional deficits needing to be addressed with chiropractic treatment. The request for 12 sessions would exceed the guideline recommendation for an initial trial. Additionally, the guidelines do not recommend chiropractic treatment for the hand. As such, the request is not medically necessary.