

<b>Case Number:</b>	CM14-0078825		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 42-year-old female on 05/24/1972. Her date of injury is reported as 03/01/2004, and records indicate, "Her first injury from 12/01/2003 to 03/01/2004, injured at work due to repetitive motions of the left wrist." She presented for chiropractic care on 03/10/2014 with complaints of bilateral wrist pain, neck pain radiating into the left upper extremity, and left shoulder pain. The examination findings included cervical spine ranges of motion noted as: flexion 40, extension 50, bilateral lateral flexion 35, left rotation 65, and right rotation 70; paraspinal tenderness and spasm; positive findings noted on cervical distraction, maximum foraminal compression, shoulder depression and Soto Hall; decreased sensation to pinwheel dorsum of left hand, upper extremity deep tendon reflex (DTRs) +1 bilaterally, motor strength 4/5 left shoulder abduction and flexion with all other shoulder muscles 5/5; muscle strength at wrist left extension, dorsiflexion, palmar flexion, ulnar deviation and radial deviation 4/5; right wrist 5/5 in extension, dorsiflexion, palmar flexion, ulnar deviation and radial deviation; grip strength: right 40, 40, 35 and left (major) 25, 20, 25; positive findings bilaterally on modified Phalen, Phalen, Tinel's, Finkelstein and palmar snuffbox; and dorsal snuffbox negative right and positive left. Diagnoses were noted as bilateral carpal tunnel syndrome; cervical spine sprain/strain rollout herniated nucleus pulposus and left shoulder internal derangement. The treatment plan included physical therapy 2 times per week for 3 weeks, acupuncture 1 time per week for 3 weeks, imaging studies, upper extremity electrodiagnostic studies, and internal medicine evaluation. The chiropractor's PR-2 of 04/21/2014, completed is difficult to decipher handwritten script but does report the chiropractor recommended chiropractic care for the cervical spine at a frequency of 1 time per week for 4 four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments for cervical spine #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The request for 4 sessions of chiropractic care for the cervical spine is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ACOEM will be referenced regarding the request for chiropractic treatment to the cervical spine. ACOEM reports physical manipulation is optional for neck pain early in care only. The date of injury is 03/01/2004, and chiropractic care was recommended on 04/21/2014, more than 10 years after the date of injury. At the time of request for chiropractic care the patient's condition was no longer in the early stage of care during which ACOEM reports manipulation is optional; therefore, ACOEM does not support medical necessity for cervical spine manipulation to this patient.