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| <b>Case Number:</b>   | CM14-0089919 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 06/24/2011 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 06/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2014 |

### 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:

This is a 50-year-old female with a 6/24/11 date of injury. The mechanism of injury occurred when the claimant was lifting a patient and suffered an injury to her right upper extremity. According to a handwritten progress note that was difficult to decipher dated 5/13/14, the patient stated that she had mild, achy, occasional right thumb pain. The patient had right trigger thumb release performed on 4/29/14. Objective findings: right thumb sutures present, right thumb decreased flexion. Diagnostic impression: retracted rotator cuff tear, history of right shoulder arthroscopy and rotator cuff repair, chronic cervical strain, lumbar sprain. The treatment to date includes medication management, activity modification, chiropractic treatment, acupuncture and surgery. A UR decision dated 6/9/14 denied the request for 12 sessions of post-op chiropractic treatments. Post-op physical therapy has already been authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Chiropractic Treatments QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines: "General course of therapy".

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

**Decision rationale:** The California MTUS states that manual therapy and manipulation is not recommended in the management of Forearm, Wrist, and Hand Complaints. According to a UR decision dated 6/9/14, post-operative physical therapy has already been certified. The guidelines do not support the initiation of 2 different treatment modalities at the same time due to difficulty in establishing efficacy. A specific rationale identifying why chiropractic therapy would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Post-Op Chiropractic Treatments QTY: 12 is not medically necessary.