

<b>Case Number:</b>	CM14-0095942		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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, has a subspecialty in Chiropractic Sports Physician 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 47 year old female who was injured on 01/09/14 while performing her usual and customary job as a Machine Operator. She has been employed since 02/27/13. She complains of neck pain, back pain, bilateral shoulder pain (R>L), bilateral wrists and elbow pain. Diagnoses are: 1) cervical disc protrusion with no MRI to confirm, 2) Thoracic strain/sprain, 3) Lumbar strain/sprain, 4) Right S/I joint sprain, 5) right shoulder impingement/complete tear of the supraspinatus tendon (5/19/14 MRI)/Infraspinatus tendinitis, 6) right A-C joint osteoarthritis, 7) left shoulder strain/sprain, 8) bilateral CTS, 9) left middle finger stenosing tenosynovitis with A1 pulley. Prior treatment has apparently consisted of chiropractic manipulation, shock wave therapy, physical therapy, acupuncture, injections and medications. No exact surgical history has been given. The amount of the treatments previously listed as well as their success is not documented. The MD report of 6/12/14 does discuss the failed response to PT, medications, and braces for the wrists bilaterally with surgical intervention being considered. According to the D.C. report dated 5/27/14 the patient is still suffering severe pain in all of the areas of injury from intermittent to constant which indicates failure of conservative care to date. A MRI of the right shoulder revealed a complete tear of the supraspinatus tendon with a 13mm tendinous retraction, infraspinatus tendinitis, and A-C joint osteoarthritis. No documentation of Cervical and lumbar spine MRI's or MRI's to other areas of injury. In March 2014 EMG/NCV studies revealed bilateral CTS. The D.C. has requested 4 chiropractic manipulations for the Cervical, Thoracic and Lumbar spine as well as the bilateral shoulders and wrists and left elbow between 6/12/14 and 7/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Chiropractic visits for the cervical, lumbar, thoracic spine, bilateral shoulders and wrists and left elbow between 6/12/2014 and 7/27/2014: 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 9792.20-9792.26 Page(s): 58-59.

**Decision rationale:** According to the Chronic MTUS guidelines above manipulation is not recommended for carpal tunnel syndrome, forearm, wrist and hand. The doctor with prior treatment has not shown objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition the amount of chiropractic treatment requested does not follow the MTUS Chronic Pain guidelines listed above. Also the right shoulder and bilateral wrists appear to need surgical intervention. Especially the right shoulder complete supraspinatus tear. The requested treatment of 4 chiropractic visits between 6/12/14 and 7/27/14 is not medically necessary.