

<b>Case Number:</b>	CM13-0034172		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

### 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 59 year old female was injured 6/1/09 while pulling a trash cart weighing 200 pounds up a ramp when she lost her grip of the cart and tried to grab hold resulting in pain in the right shoulder, neck, back, upper back and both heels. She experiences occasional exacerbations of pain in her right shoulder and neck. Current complaints include headache with dizziness caused by pain, neck pain, right shoulder pain, right ankle pain radiating to the foot associated with numbness and tingling, bilateral foot pain radiating to the plantar area, sleep interruption and trouble falling asleep. Because of the diagnosis of diabetes which has been aggravated by the industrial incident she had a neuroselective screening neurometry which was negative for signs of diabetic peripheral neuropathy. Prior studies included radiographs of the cervical spine, right shoulder and bilateral feet. Current medications are Naprosyn and medications for diabetes and hypertension. Diagnoses include chronic neck and back pain; bilateral plantar fasciitis; anxiety; depression; diabetes; hypertension and dyslipidemia. Current treatment includes chiropractic treatments to the neck and right shoulder once a week for four weeks. The treating provider has requested 4 chiropractic sessions for the cervical, right shoulder and bilateral feet. On 9/13/13 Utilization Review non-certified the request for chiropractic treatments for the cervical, right shoulder and bilateral feet based on the current exam reviewed was normal and the injured worker was approved for 3 chiropractic sessions on 7/13/13 which postdates the exam. It is not known if these visits were utilized. In addition there was no suggestion that chiropractic sessions were required to the lower extremities. The injured worker denied extremity numbness; the reference to numbness and tingling in both feet could be suggestive of a diabetic neuropathy and

the diagnosis of plantar fasciitis is likely caused by the injured workers weight and is not a chiropractic problem. MTUS Chronic Pain: Chiropractic and ODG were referenced.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic treatment cervical, right shoulder, bilateral feet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck & Upper Back, Shoulder and Ankle & Foot Chapters MTUS Definitions

**Decision rationale:** Per the records provided, the patient has received chiropractic care for her injuries in the past. The ODG Neck & Upper Back and Shoulder Chapters for Recurrences/flares-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The ODG does not recommend manipulation for the feet. The PTP describes some Improvements with treatment but no objective measurements are listed. In fact, there is documentation that the patient has full range of motion for the cervical spine and shoulder upon examination. It is unclear when the prior chiropractic sessions have been rendered. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. The requested 4 sessions exceed the 1-2 sessions recommended by The MTUS and ODG. I find that the 4 chiropractic sessions requested to the neck, right shoulder and bilateral feet to not be medically necessary and appropriate.