

<b>Case Number:</b>	CM14-0186338		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Chiropractor (DC) 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:

According to the available medical records, this is a 67 year old female with chronic pain in the neck, back, shoulders, and wrists, date of injury is 09/10/1996. Previous treatments include medications, physical therapy, pain injections, and bracings. Progress report dated 09/09/2014 by the treating doctor revealed patient with cervical pain, thoracic pain, lumbar pain, shoulders pain, and wrists pain. Wrists pain rated 5-6/10, shoulder pain rated 4/10. Physical examination revealed decreased right shoulder ROM in flexion, abduction, adduction, and external rotation. Left shoulder ROM decreased in flexion, abduction, adduction, internal rotation and external rotation. The patient was significantly tender to palpation over the left subacromial bursa, as well as tender to palpation over the right bicipital tendon. Bilateral wrists ROM decreased in palmar flexion, Phalen's test prompt some discomfort over the left 2nd, 3rd, and 4th digits, resulting in a mildly positive finding. Diagnoses include degenerative spondylolysis of L4 on L5, grade 1, with degenerative facets at L4-5 and L5-S1, degenerative changes of the thoracic spine, degenerative changes of the acromioclavicular joint of the right shoulder, degenerative changes of the cervical spine, acromioclavicular joint degenerative changes of the left shoulder, degenerative changes of the left knee, degenerative changes of the carpometacarpal joint, 1st digit, both hands. Authorization requested for chiropractic and physiotherapy three times a week for 4 weeks, and acupuncture twice a week for 6 weeks to focus on cervical, thoracic, and lumbar vertebrae, as well as the bilateral shoulders and bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro/physio/manipulation, three times weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** The injured worker presented with chronic pain in the cervical, thoracic, lumbar, bilateral shoulders, and bilateral wrists. There is no objective physical exam findings reported for the cervical, thoracic and lumbar spine, except for X-rays findings. There is no function deficits documented for the cervical, thoracic, and lumbar spine. Furthermore, MTUS guidelines do not recommend chiropractic treatments for the wrists. Therefore, the request for chiropractic treatments, 3 times weekly for 4 weeks is not medically necessary.