

<b>Case Number:</b>	CM14-0188155		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 fifty-five year old female who sustained a cumulative work-related injury on August 29, 2014. A request for chiropractic therapy three times per week for two weeks to the neck, back and both wrists was non-certified in Utilization Review (UR) on November 4, 2014. The UR physician's decision was based in accordance with California MTUS ACOEM which advises that manipulation has not been proven effective for patients with pain in the hand, wrist or forearm, that physical manipulation of the neck is recommended early in care only and manipulation of the low back is recommended only during the first months of symptoms. The UR physician determined that the injured worker had exceeded the time frame for treatment recommendations for the cervical spine and low back. A request for independent medical review was initiated on November 12, 2014. A physician's noted dated September 3, 2014 defined the injured worker's work status as totally incapacitated. A review of the documentation submitted for independent medical review included chiropractic notes from October 28, 2014. The injured worker developed pain in her right elbow and wrist seven months prior to the evaluation. She then developed neck, low back and right shoulder pain. An MRI of the right shoulder on October 14, 2014 revealed suspected distal supraspinatus tendonitis and subacromial-sub deltoid bursal fluid consistent with distal supraspinatus tendonitis. She developed pain in the left elbow and wrist three weeks prior to her evaluation. During the visit, the injured worker complained of persistent neck pain which she rated a 5-7 on a 10-point scale. She indicated that the pain wakes her up at night. Associated symptoms include numbness and tingling in the upper extremities and headaches. The injured worker reported pain in her elbows, hands, wrists and lumbar spine. On examination, the injured worker had moderate tenderness over the cervical spine, thoracic spine, shoulder, wrist and elbow. Diagnoses associated with her evaluation included cervical spine sprain/strain, right shoulder overuse sprain/strain, bilateral lateral and medial epicondylitis,

bilateral wrist overuse sprain/strain and lumbar spine sprain/strain. Treatment modalities used prior to evaluation included over-the counter pain medication and prescription pain medications. The evaluating provider recommended chiropractic/physiotherapy visits and exercise for plan of care.

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

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

**Chiropractic treatment for neck, back and bilateral wrists 2x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 265, 298-301.

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

**Decision rationale:** According to the CA MTUS Chronic pain guidelines listed above, Chiropractic manipulation to the wrist and CTS is not recommended. However, the requested treatment to the cervical spine and lumbar spine of 2x3 chiropractic care is within the guidelines. Due to the fact that I can not alter or split the requests but consider them as a whole, the treatment requested is not medically necessary.