

<b>Case Number:</b>	CM14-0207297		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 patient with a date of injury of August 29, 2014. A utilization review determination dated November 24, 2014 recommends modified certification for the requested chiropractic care, 6 sessions are requested and 3 are recommended for certification. Modification was recommended due to lack of documentation of objective functional improvement from the previous sessions. A progress report dated September 12, 2014 identifies subjective complaints of intermittent dull/sharp/burning right wrist/hand/forearm pain with swelling of all fingers and popping of the wrist. The patient also has reduced grip strength and tingling/numbness of the digits. Physical examination findings revealed decreased sensation in the right C6 dermatome with reduced strength. A report dated September 8, 2014 indicates that the patient was referred to physical therapy. A progress report dated October 24, 2014 indicates that the patient has achieved functional improvement, is able to write with a pen/pencil and steer the wheel of a car without difficulty. The pain is reduced. Physical examination findings reveal substantially improved right grip strength. The treatment plan recommends chiropractic care 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 DC visits for supervised exercise instruction only for a home exercise program:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 OF 127.

**Decision rationale:** Regarding the request for additional chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is objective functional progress obtained from the previous chiropractic sessions. The patient will likely be able to regain additional strength through the use of a home exercise program. Three additional chiropractic sessions are reasonable to instruct the patient in a home exercise program intended to address the remaining functional deficits. As such, the currently requested chiropractic care is medically necessary.