

<b>Case Number:</b>	CM14-0021370		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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. 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: New Jersey

Certification(s)/Specialty: Chiropractor

### 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 37-year-old male with a reported industrial injury on October 11, 2013, the mechanism of the injury was not provided in the available medical records. Diagnoses are headache, post traumatic, head contusion, laceration repair, chipped tooth, cervical disc protrusion, cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar myospasm, pain, sprain/strain, left wrist pain, tenosynovitis, right carpal tunnel syndrome, triangular fibrocartilage tear, sprain/strain, left knee internal derangement, lateral meniscus tear, medial meniscus tear, sprain/strain, rule out left knee internal derangement, rule out inguinal hernia, left inguinal pain and sprain/strain fingers phalanx finger. The injured worker was seen on January 3, 2014, for follow-up visit. The presenting complaints included constant moderate dull achy, sharp headache, constant sharp, dull achy neck pain and stiffness, constant dull, achy sharp low back pain, left wrist pain that is moderate with weakness, intermittent moderate dull achy sharp right wrist pain, stiffness tingling and weakness, intermittent moderate dull, achy sharp left knee pain including stiffness and weakness, mild to moderate dull, achy left inguinal pain and intermittent dull, achy left middle finger pain. The physical exam of the cervical spine revealed tenderness to palpation at the cervical paravertebral muscles with muscle spasms noted, the shoulder depression was positive bilaterally, the lumbar spine revealed tenderness to palpation on the paravertebral muscles with muscle spasms noted and kemps test was positive bilaterally, the left wrist painful range of motion noted, decreased range of motion and tenderness to palpation of the later wrist and volar wrist with positive Phalens test, exam of the left knee revealed tenderness to palpation to the anterior, lateral, medial and posterior knee, McMurrays

test was positive. The diagnostic studies have included X-rays of the wrists and left hand, cervical spine and lumbar spine were normal with lordosis on the lumbar and cervical spine noted. The medical treatment was not identified. The treatment plan included physical therapy, chiropractic treatment, a neurology consultation, an ophthalmology consultation, and ESWT for the left wrist.

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

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

#### **Chiropractic 2x week x 4 weeks Lumbar, Cervical, Left and Right Wrist, Left Knee:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation pages 58-59.

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

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. Treatment for the forearm, wrist, and hand is not recommended. Treatment for the knee is also not recommended. The current request cannot be determined as medically appropriate. Additionally, the request for 8 sessions of chiropractic therapy would exceed guideline recommendations. Given the above, the request is not medically appropriate at this time.