

<b>Case Number:</b>	CM15-0102099		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: 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 33-year-old female who sustained an industrial injury on 04/28/2014. Current diagnoses include wrist sprain/strain, hand sprain/strain, radicular neuralgia, shoulder sprain/strain, cervical disk syndrome, cervical sprain/strain, segmental dysfunction-cervical spine, thoracic sprain/strain, and segmental dysfunction thoracic spine. Previous treatments included medications, physical therapy, cortisone injections, acupuncture, wrist support, and chiropractic. Previous diagnostic studies include x-rays, MRI and EMG/NCS. Initial injuries sustained included the left wrist, left elbow, and left shoulder. Report dated 03/14/2015 noted that the injured worker presented with complaints that included left wrist/forearm pain with numbness in the fingers, left hand pain, right wrist and forearm pain, left shoulder pain, and neck and upper back pain. Pain level was not included. Physical examination was positive for restricted cervical range of motion, reflexes were absent in the upper extremity, dermatomes were decreased on the left side, left shoulder slightly restricted, positive Roos test, positive Apley's test, weakness, positive Phalen's and Tinel's on the left side, left elbow tenderness with spasm and positive Cozen's and Tinel's, right elbow tenderness and muscle spasm, and right shoulder was tender with restricted range of motion. The treatment plan included a request for treatment (DOS 03/14/2015). Disputed treatments include retrospective chiropractic x 1 (DOS 4/28/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Chiropractic x 1 (DOS: 4/28/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary. Recurrences/flare-ups. Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic pain in the neck, back, shoulder, wrist, and hand. Although evidences based MTUS guidelines do not recommend chiropractic treatment for the forearm, wrist, and hand, reviewed of the available medical records showed the claimant has had chiropractic treatment before; total number of visits and objective functional improvement are not documented. Based on the guidelines cited, the request for chiropractic treatment is not appropriate in this case and not medically necessary.