

<b>Case Number:</b>	CM15-0011189		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 who sustained an industrial injury on 8/5/12 on a continuous trauma basis. Diagnoses per the ICD-9 codes listed on the request for authorization of 1/13/15 include neck sprain, low back sprain/strain, chondromalacia patella, medial and lateral epicondylitis, tenosynovitis of hand and wrist, and carpal tunnel syndrome. The Utilization Review determination notes the injured worker had complaints of low back pain, bilateral elbow pain, bilateral wrist pain, neck pain, right ankle pain, and right knee pain. A report from the treating physician from 12/21/14 notes the injured worker reported joint pain, sore muscles, gait abnormality, weakness, stress, anxiety, and difficulty sleeping. No reports of prior treatments, including any prior chiropractic treatment, were provided or discussed. No physical examination findings were provided. Work status was not discussed. The treating physician requested authorization for chiropractic treatment 2x4 for the neck, low back, elbows, wrists, right knee, and right ankle. On 1/14/14 the requests were non-certified by Utilization Review. The Utilization Review physician noted the injured worker has had adequate physical therapy/ chiropractic treatment for this chronic condition with no objective improvement and no documentation of lack of ability to perform a home exercise program. Utilization Review cited the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic services 2 times a week for 4 weeks for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p. 173, 181, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: manipulation.

**Decision rationale:** Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). The MTUS for chronic pain is silent on use of manipulation of the neck. The ACOEM states that cervical manipulation is a treatment option for neck pain or cervicogenic headache when used in the context of functional restoration rather than for pain alone, but that there is insufficient evidence to support manipulation for radiculopathy. Physical manipulation for neck pain is an option for treatment early in care only. The original date of injury was two years prior. No functional restoration plan was discussed. The ODG notes that cervical manipulation is recommended as an option. The number of sessions recommended varies with the treatment diagnosis: for moderate cervical strain or cervical radiculopathy, a trial of 6 visits over 2-3 weeks may be used as an initial course, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks, with avoidance of chronicity, is recommended. Transition to active self-directed care is recommended. No documentation of any prior chiropractic therapy was present in the records submitted. Work status was not discussed, and there was no documentation of functional improvement as a result of any type of treatment. Although the UR determination alludes to prior physical therapy/chiropractic treatment, no information about any prior treatment was discussed. 8 visits exceed the recommended initial course per the MTUS. No functional improvement as a result of any prior treatment was documented. No chiropractic services for the neck are medically necessary based on a prescription, which exceeds that recommended in the MTUS if this is considered as an initial request, and based on lack of functional improvement if this is considered as a request for a subsequent course of treatment.

**Chiropractic services 2 times a week for 4 weeks for the low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60.

**Decision rationale:** Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent

upon functional improvement. No documentation of any prior chiropractic therapy was present in the records submitted. Work status was not discussed, and there was no documentation of functional improvement as a result of any type of treatment. Although the UR determination alludes to prior physical therapy/chiropractic treatment, no information about any prior treatment was discussed. 8 visits exceed the recommended initial course per the MTUS. No chiropractic services for the low back are medically necessary based on a prescription, which exceeds that recommended in the MTUS if this is considered as an initial request, and based on lack of functional improvement if this is considered as a request for a subsequent course of treatment.

**Chiropractic services 2 times a week for 4 weeks for the elbows: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter: manipulation.

**Decision rationale:** Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." The MTUS does not specifically address manipulation of the elbow. The ODG states that manipulation for the elbow is recommended only on a short-term basis. Up to 3 visits contingent on objective improvement may be provided, with a further trial of up to 3 more visits contingent on further objectification of long term resolution of symptoms plus active self-directed home therapy. No documentation of any prior chiropractic therapy was present in the records submitted. Work status was not discussed, and there was no documentation of functional improvement as a result of any type of treatment. Although the UR determination alludes to prior physical therapy/chiropractic treatment, no information about any prior treatment was discussed. 8 visits exceed both the recommended initial course plus a subsequent course per the ODG. No chiropractic services for the elbows are medically necessary based on a prescription, which exceeds that recommended in the ODG, and the lack of documentation of functional improvement as a result of any possible prior treatments.

**Chiropractic services 2 times a week for 4 weeks for the wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60.

**Decision rationale:** Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS, chiropractic manipulation is not recommended for the

"Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." As chiropractic manipulation for the wrist is not recommended by the MTUS, the request for chiropractic services for the wrist is not medically necessary.

**Chiropractic services 2 times a week for 4 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60.

**Decision rationale:** Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." As chiropractic manipulation for the knee is not recommended by the MTUS, the request for chiropractic services for the right knee is not medically necessary.

**Chiropractic services 2 times a week for 4 weeks for the right ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60.

**Decision rationale:** Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." As chiropractic manipulation for the ankle is not recommended by the MTUS, the request for chiropractic services for the right ankle is not medically necessary.