

<b>Case Number:</b>	CM15-0137840		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Chiropractic

### 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 38 year old female sustained an industrial injury to the right wrist and neck via cumulative trauma on 10/22/14. Previous treatment included physical therapy, chiropractic therapy, bracing and medications. Documentation did not disclose magnetic resonance imaging. In a PR-2 dated 5/22/15, the injured worker complained of pain to the arms, wrists, shoulders and neck rated 6/10 on the visual analog scale. The injured worker reported 70% improvement to her initial complaint. Physical exam was remarkable for tenderness to palpation to bilateral trapezius musculature, suboccipitals, levator scapulae, rhomboids, triceps tendons, lateral epicondylitis and forearm extensors with decreased range of motion to the cervical spine, positive Apley's shoulder test, bilateral Phalen's and Tinel's, shoulder depression test, cervical compression test and Derifield test at the pelvis level. Current diagnoses included tendonitis of the wrist, carpal tunnel syndrome, tenosynovitis of elbow and wrist, bilateral shoulder pain, cervicgia, thoracic spine pain, lumbago, myalgia, muscle spasms and headaches. The treatment plan included chiropractic spinal manipulation therapy manipulation therapy, manual therapy and cold laser therapy and continuing home exercise. The treating chiropractor is requesting 6 additional sessions of chiropractic care to the cervical spine and right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMT Extraspinal regions, cervical spine per 6/23/15 order QTY: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Forearm, Wrist and Hand/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her right wrist and cervical spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter also recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Forearm, Wrist and Hand do not recommend manipulation for the wrist. The MTUS Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the cervical spine and right wrist to not be medically necessary and appropriate.