

<b>Case Number:</b>	CM15-0148476		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	04/23/2015
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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:

The injured worker is a 38 year old female, who sustained an industrial injury on April 23, 2015, incurring right shoulder, right elbow and right wrist injuries after she was struck by falling food trays. She was diagnosed with a right shoulder contusion, right shoulder derangement and bursitis, cervical sprain, right elbow sprain, right elbow epicondylitis, right wrist sprain and lumbar sprain. Treatment included physical therapy, ice, pain medications, with no relief. Currently, the injured worker complained of continued pain with constant weakness and numbness to the right arm, elbow, wrist and hand with limited range of motion. She complained of constant dull and sharp mid back pain. The treatment plan that was requested for authorization included 12 initial chiropractic sessions for the right elbow, right shoulder, right wrist, and right hand, cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the right elbow, right shoulder/right wrist/right hand, cervical and lumbar spine, three times a week four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The patient has not received chiropractic care for her industrial injuries in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommend a trial of 6 initial chiropractic care sessions to the low back over 2 weeks. This section does not recommend manipulation for the elbow, wrist, hand or shoulder. It is silent on the cervical spine. The ODG Low Back Chapter also recommends an initial trial of 6 sessions of manipulation for the lumbar spine over 2 weeks. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions with up to 18 sessions with evidence of objective functional improvements. The ODG Wrist, Forearm and Hand Chapter and the ODG Elbow chapters do not recommend manipulation. The ODG Shoulder chapter recommends a trial of 9 sessions of manipulation over 8 weeks. The requested 12 sessions far exceed the MTUS and ODG recommended numbers. The MTUS does not recommend manipulation for the elbow, wrist, hand and shoulder. I find that the 12 chiropractic sessions requested to the cervical spine, lumbar spine, right shoulder, right wrist, right hand and right elbow are not medically necessary and appropriate.