

<b>Case Number:</b>	CM15-0194228		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/17/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 31 year old female who sustained an industrial injury on 4-17-15. A review of the medical records indicates she is undergoing treatment for diabetes mellitus, type II, right wrist sprain and strain, right hand sprain and strain, right shoulder sprain and strain, and cervicothoracic sprain and strain. Medical records (4-23-15 to 8-5-15) indicate ongoing complaints of right wrist and hand pain, right shoulder pain, and neck pain. She also reports right upper extremity weakness, numbness, pain, and tingling, as well as temporal headaches, depression, and stress (8-5-15). The 8-4-15 progress record indicates that she presented to the emergency department following a steroid injection in her right wrist on 8-3-15. The progress record indicates she experienced pain, swelling, and heat of the area following the injection. She was treated with Morphine and given prescriptions for Tramadol and Vicodin. The progress record indicates that she is "crying and very upset" and requesting time off work. She was give a work excuse from 8-4-15 to 8-6-15. The physical exam (8-4-15) reveals "mild erythema" from mid right upper extremity distally to wrist. The arm is noted to be "very slightly warm and tender." Fingers are noted to be "warm and well perfused." Light touch sensation is "intact" in all fingers. Tenderness is noted to be "diffuse, mild." The physical exam (8-5-15) reveals decreased range of motion, edema, and pain of the right wrist and decreased range of motion, myospasm, and pain of the cervicothoracic area and right shoulder. The treating provider indicates she is "unable to perform grip strength." Diagnostic studies have included x-rays of the right wrist, as well as an MRI. Treatment has included physical therapy, ice, a steroid injection, activity modification, and medications. The records indicate that she was authorized for acupuncture.

However, it is unclear if she received this treatment. The records also indicate that chiropractic treatments were "rendered," but the number of sessions completed is not indicated. The treatment recommendations are for chiropractic therapy 2 times a week for 6 weeks, a right wrist orthopedic evaluation, a cervical MRI, and EMG-NCV of the upper extremities. The utilization review (9-8-15) indicates denial of chiropractic therapy.

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

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

**12 chiropractic therapy sessions for the right hand, right shoulder and cervicothoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Wrist, hand & Forearm and Shoulder/Manipulation.

**Decision rationale:** It is not clear if the patient has received chiropractic care for her industrial injuries in the past. The total number of chiropractic sessions are unknown and not specified in the records provided for review. There is one chiropractic report in the records, that being the doctor's first report (DFR) of injury. In that report the chiropractor requests an initial trial of 8 sessions to the cervicothoracic spine, right hand and right shoulder. The chiropractic treatment records if any, are not available in the materials provided. The treatment records in the materials submitted for review by the PTP (MD) do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions, if in fact chiropractic treatment was rendered. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions of chiropractic care with up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The MTUS and ODG do not recommend manipulation for the wrist and hand. The ODG recommends a limited number of manipulations for the shoulder, 9 sessions over 8 weeks. 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." The past chiropractic treatment notes are not present in the materials provided for review. There has been no objective functional improvements with the care in the past per the treating physician's (MD) progress notes reviewed. The number of sessions requested far exceed The MTUS recommendations. I find that the 12 chiropractic sessions requested to the cervicothoracic spine, right shoulder and right hand to not be medically necessary and appropriate.