

<b>Case Number:</b>	CM15-0210318		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	01/16/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 52 year old male, who sustained an industrial injury on 1-16-2015. The injured worker was being treated for sprain-strain unspecified site of hand, elbow and forearm, and cervical sprain-strain. Treatment to date has included diagnostics, extracorporeal shockwave therapy, physical therapy, chiropractic (at least 10 sessions), acupuncture, and medications. Many progress reports within the submitted medical records were handwritten and difficult to decipher, including the chiropractic progress report dated 9-23-2015. On 9-23-2015, the injured worker complains of cervical spine pain, right shoulder pain, and left hand pain. Pain in the cervical spine was associated with numbness, weakness, and radiation. Pain in the right shoulder and left hand was associated with stiffness, tingling, and radiation. Objective findings (chiropractic progress report 9-23-2015) noted only left hand numbness and tingling. Objective findings (PR2 dated 9-23-2015) were illegible. He remained off work. The treatment plan included additional chiropractic adjustments x6 sessions, non-certified by Utilization Review on 10-07-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic adjustments for 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**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 Forearm & Hand/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his upper extremity and cervical spine injury in the past. The total numbers of chiropractic sessions are unknown and not specified in the records provided for review however, the UR notes report that number at 10. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The ODG Neck & Upper Back Chapter recommends 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, forearm and hand. 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. The ODG Neck and Upper Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The total numbers of chiropractic sessions to date are not specified by the treating physician. I find that the 6 additional chiropractic sessions requested to the cervical spine and upper extremity to not be medically necessary and appropriate.