

<b>Case Number:</b>	CM15-0221692		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 27 year old male, who sustained an industrial injury on 6-5-13. The injured worker was being treated for tension headaches, thoracic pain, thoracic sprain-strain, right rotator cuff tear, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain-strain, right carpal tunnel syndrome, right de Quervain's disease, right wrist sprain-strain, right knee pain, right knee sprain-strain, rule out right knee meniscus tear, right ankle pain, right ankle sprain-strain, rule out right ankle internal derangement, anxiety, depression and irritability. On 9-17-15, the injured worker complains of intermittent severe to sharp, throbbing upper mid back pain radiating to back and rated 8 out of 10; constant severe, sharp, burning right shoulder pain and stiffness radiating to neck and rated 9 out of 10; constant severe, sharp, burning, numbness and right wrist pain radiating to elbow and fingers and rated 8 out of 10; constant severe, burning right knee pain and stiffness radiating to right ankle and rated 9 out of 10; constant severe, sharp, throbbing right ankle pain radiating to toes with cramping and muscle spasms and rated 9 out of 10. It is noted he suffers from depression, anxiety and irritability. Physical exam performed on 9-17-15 revealed restricted range of motion of cervical spine with tenderness to palpation of thoracic paravertebral muscles with spasm; decreased range of motion of right shoulder with tenderness to palpation of acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder; decreased median nerve sensation of right wrist with tenderness to palpation; decreased and painful range of motion of right knee with tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee and decreased and painful range of motion of right ankle with tenderness to palpation of anterior ankle, anterior

talofibular ligament and lateral ankle. The treatment plan included request for 6 physical therapy sessions, continuation of shock wave therapy, chiropractic care and request for 6 chiropractic sessions. Treatment to date has included extracorporeal shock wave therapy, physical therapy and activity modifications. On 11-4-15 request for 6 chiropractic treatments was non-certified by utilization review.

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

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

**Chiropractic sessions 2x a week for 3 weeks (qty: 6) for the thoracic spine, right wrist, knee and ankle:** 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, Foot & Ankle, Knee, Wrist/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his industrial injuries 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 MTUS and ODG do not recommend manipulation for the wrist, knee or ankle. The ODG Neck & Upper Back Chapter recommends 6 sessions of chiropractic care over 2 weeks with up to 18 additional chiropractic care sessions with evidence of objective functional improvement. 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. Manipulation is not recommended by The ODG and MTUS for the wrist, knee and ankle. I find that the 6 additional chiropractic sessions requested to the thoracic spine, right knee, right wrist and right ankle to not be medically necessary and appropriate.