

<b>Case Number:</b>	CM15-0038130		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Chiropractor

### 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 male, who sustained an industrial injury on 4/15/13. He has reported neck, upper back, lower back, right wrist/hand, left knee and right and left thigh pain. The diagnoses have included status post right carpal tunnel release, left carpal tunnel syndrome, left TFC tear and left lumbar radiculopathy. Treatment to date has included physical therapy, left carpal tunnel release, occupational therapy, Norco and NSAIDS. Currently, the injured worker complains of constant left wrist pain with radiation to left forearm aggravated by activity. On physical exam, sensory loss of median nerve on left is noted, positive median compression test on left and Tinel's test positive on left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions (Cervical, Thoracic, Lumbar, Left Knee, Bilateral Wrist) 1 x 6:**

Overtaken

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The medical necessity for the requested 6 chiropractic treatments was established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 6 treatments are consistent with this guideline. Submitted for review was extensive documentation indicating the past treatment history. And none of the documents is there indication that the claimant has received chiropractic treatment. The rationale for denial was that "there is limited information submitted which reflects whether or not the claimant has previously been treated with chiropractic care." The documentation does not appear to be ambiguous and clearly outlines the past treatment history. There is no indication that the claimant has received chiropractic treatment. Therefore, given the clinical findings on the most recent examination, the absence of documentation indicating the claimant has attempted a trial of chiropractic treatment prior to this request, and consistent with medical treatment utilization schedule guidelines, the medical necessity for the requested 6 chiropractic treatments was established. This request is medically necessary.