

<b>Case Number:</b>	CM15-0081477		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 35 year old female, who sustained an industrial injury on September 4, 2013. The injured worker reported ankle, right arm and hand pain due to a fall. The injured worker was diagnosed as having cervical right shoulder and lumbar sprain/strain, right wrist rule out carpal tunnel and chest pain due to right shoulder pain. Treatment and diagnostic studies to date have included surgery, physical therapy and medication. A progress note dated March 5, 2015 provides the injured worker complains of right arm, wrist and hand pain with numbness and stiffness radiating to shoulder and neck causing sleep disturbance. She also reports back pain and chest pain. Physical exam notes cervical tenderness with decreased range of motion (ROM), chest tenderness on palpation, shoulder tenderness, right wrist tenderness decreased range of motion (ROM), positive Tinel's sign, and lumbar tenderness with decreased range of motion (ROM). The plan includes physical and chiropractic therapy, nerve conduction study, x-ray and exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2x5 (10 visits) for multiple upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Page(s): 95.

**Decision rationale:** MTUS guidelines state regarding Chiropractic care, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." Regarding this patient's case, Chiropractic therapy for "multiple upper extremities" has been requested. While this is a strangely phrased request, it is also less than specific. Exactly what part of the upper extremities is supposed to be treated is not clear. MTUS guidelines do not recommend Chiropractic therapy for forearm, wrist, and hand. Also, it is specifically not recommended for carpal tunnel syndrome. Without further clarification, this request cannot be considered medically necessary.

**Physical Therapy 3x5 (15 visits) for multiple upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133.

**Decision rationale:** In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had 12 physical therapy sessions, but now his physician is requesting an additional 15 sessions. The results of the prior physical therapy sessions are not discussed. The guidelines recommend fading of treatment frequency and transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.