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| <b>Case Number:</b>   | CM15-0088190 |                              |            |
| <b>Date Assigned:</b> | 05/14/2015   | <b>Date of Injury:</b>       | 06/26/2012 |
| <b>Decision Date:</b> | 06/11/2015   | <b>UR Denial Date:</b>       | 04/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2015 |

### 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, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old female with a June 26, 2012 date of injury. A progress note dated March 17, 2015 documents subjective findings (neck pain; bilateral shoulder pain; left elbow pain; bilateral wrist pain; bilateral hand pain; radiating pain and numbness down the bilateral upper extremities to the fourth and fifth digits and to the dorsal surface of the bilateral hands; cramping pain to the bilateral hands along with weakness; pain and stiffness of the left shoulder with pain and spasm to the neck), objective findings (cervical spine spasm about the bilateral trapezial areas, increasing to the left; paraspinal tenderness upon palpation, increased to the left; increased pain with range of motion; decreased range of motion of the cervical spine; well-healing surgical incisional site of the left shoulder; mild effusion of the left shoulder; increased pain with range of motion of the left shoulder; decreased range of motion of the left shoulder; well-healed surgical scar of the left wrist; tenderness over the volar surface of the left wrist with mild swelling; positive Tinel's and Phalen's signs; decreased range of motion of the left wrist; well-healed scars from the trigger release of the thumb and index finger of the left hand; swelling noted; decreased sensation to all the digits of the left hand), and current diagnoses (cervical spine disc bulge; cervical spine radiculopathy, left shoulder rotator cuff tendinitis; left shoulder impingement syndrome; left carpal tunnel syndrome, ulnar nerve entrapment at the left elbow). Treatments to date have included physical therapy (had improvement), shoulder surgery, wrist surgeries, trigger release surgery, and medications. The treating physician requested authorization for chiropractic treatments with passive modalities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro with passive modalities 2 x3, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation; Physical Medicine Guidelines Page(s): 58/59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Regional Neck Pain.

**Decision rationale:** The UR determination of 4/15/15 denied the request for physical therapy and chiropractic care citing CAMTUS Chronic Treatment Guidelines and physical therapy guidelines. The patient had prior to the requested treatment completed a course of physical therapy without documentation of functional improvement as required by CAMTUS/ODG Guidelines. The medical necessity to initiate an additional course of Chiropractic/physiotherapy without documentation of functional improvement will result in denial of requested care, 6 additional treatments to the cervical spine. The request is not medically necessary.