

<b>Case Number:</b>	CM14-0122546		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is licensed in Chiropractic, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 29 year old individual with an original date of injury of 3/28/12. The mechanism of this industrial injury occurred when the patient suffered repetitive type injuries to the neck and hands. The patient has received physical therapy, but this was not helpful in relieving the patient's symptoms. The patient has undergone bilateral carpal tunnel surgeries. At this time, the patient is on modified work status. The disputed issue is a request for 10 chiropractic treatments for the bilateral upper extremities, with sessions 2 times a week for 5 weeks. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS or ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment Bilateral Upper Extremities Quantity: 2 x 5 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**Decision rationale:** Since the CA MTUS does not directly address shoulder manipulation, the ODG is utilized. The Official Disability Guidelines recommends chiropractic treatment for shoulder pain, but says it would not be advisable beyond 2-3 visits if there is not clear objective, functional improvement. With improvement and an active self-directed home therapy program, up to 9 visits over 8 weeks may be permitted. In this case, the request is in excess of the guidelines. The request for 10 chiropractic treatments for the bilateral upper extremities, with sessions 2 times a week for 5 weeks is not medically necessary.