

<b>Case Number:</b>	CM14-0141070		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 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 44-year-old male with a reported injury on 01/27/2013, while getting potatoes out of a barrel, the patient felt shocks that radiated to his fingers and hand and shoulder. The medical provider's PR-2 of 01/15/2014 reports persistent 7/10 pain to cervical spine radiating down the bilateral shoulders. No measured objective factors are reported. Diagnoses were noted as cervical spine sprain/strain, bilateral trapezius strain, and bilateral carpal tunnel syndrome. The treatment plan included chiropractic care at a frequency of 2 times per week for 4 weeks. The chiropractor's PR-2 of 01/29/2014, reports pain pins and needles feeling. Examination findings noted cervical spine FROM of motion with tightness at end range, decreased wrist extension with pain, tenderness to right flexor muscles, + shoulder depression, and + Phalens bilaterally. Diagnoses were reported as cervical spine sprain/strain, bilateral carpal tunnel syndrome, and myo spasms to shoulder muscles. The treatment plan included chiropractic at a frequency of 1 time per week for 4 weeks. The Doctor's First Report of Occupational Injury or Illness reports the patient presented for medical care on 02/14/2014 with pain in the bilateral hands and thumbs. The form is completed in a very difficult to decipher handwritten script and objective findings are difficult to ascertain. Diagnoses were noted as bilateral wrist/hand pain and rule out carpal tunnel syndrome. The treatment plan included chiropractic/physiotherapy at a frequency of 2 times per week for 4 weeks. The patient underwent a cervical spine MRI on 02/11/2014, with the impression noted as 1. Straightening of the cervical spine, 2. Early disc desiccation noted at C2-3 to C6-7 levels, 3. Mucus thickening seen in left maxillary sinus, 4. Mucus retention cyst in right maxillary sinus, 5. C3-4 to C5-6 diffuse disc protrusion with effacement of the thecal sac, and 6. Spinal canal and neural foramina are patent at all cervical spine levels. Right and left wrist MRI studies of 02/11/2014 indicated 1. Dorsal intercalated segment instability and 2. No other gross abnormality noted. On 02/13/2014, the patient

underwent upper extremity electrodiagnostic studies with findings of electromyographic evidence suggestive of muscle membrane irritability in the right deltoid muscle innervated by the C5-C6 nerve root. Muscle membrane irritability is a nonspecific finding they can be seen in both neuropathic and myopathic conditions.

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

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

**Chiropractic treatment to the bilateral upper extremities 3 times per week for 4 weeks:**  
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 Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** MTUS (Chronic Pain Medical Treatment Guidelines) does not support medical necessity for chiropractic care of upper extremity complaints. MTUS reports manual therapy and manipulation are not recommended in the care of forearm, wrist and hand complaints or carpal tunnel syndrome. MTUS (Chronic Pain Medical Treatment Guidelines) does not support medical necessity for chiropractic care for the bilateral upper extremities. The request is not medically necessary.