

<b>Case Number:</b>	CM14-0210607		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/28/2002
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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:

The injured worker is a female who reported neck and upper extremity pain from injury sustained on 06/28/02 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with brachial plexus lesion. Patient has been treated with medication, chiropractic. Per medical notes dated 11/11/14, patient has had long standing cervical and upper extremity symptoms. She reports her chiropractic/ART sessions were somewhat mixed in that she had a major flare-up after one session but generally it appears as if there was satisfactory improvement in her cervical spine range of motion and comfort and marked reduction in neck pain. The major residual symptoms remain the tingling in the left ulnar forearm distribution. Provider requested additional 6 chiropractic/ART sessions which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) additional ART (Active Release Techniques)/ Chiropractic sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits/ART are not medically necessary.