

<b>Case Number:</b>	CM14-0212343		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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

### 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 claimant is a 74-year-old female who was involved in a work injury on 11/21/2012. The injury was described as a trip and fall injury to her knees and right elbow. The claimant has undergone a course of treatment including physical therapy and acupuncture. On 9/10/2014 the claimant underwent an agreed medical evaluation with an orthopedist. The claimant was diagnosed with herniated nucleus pulposus of the cervical spine with arthritic changes, right lateral epicondylitis, mild right carpal tunnel syndrome, carpometacarpal joint arthritis of the right thumb and left thumb, internal derangement of the right knee, and degenerative changes of the right knee. The determination was that the claimant "is again permanent and stationary after another course of treatment. She is scheduled have MRI scans of the neck and right knee done tomorrow under sedation because she became claustrophobic at the last attempt. I look forward to seeing the results of those tests and they will help me with understanding her condition better and with final rating. I also referred her for EMG/nerve conduction studies of the bilateral lower extremities to help with rating." With respect to future medical care it was noted that "the patient requires access to future medical care including re-evaluations with an orthopedic surgeon and additional, short courses of conservative care during periods of documented flare-up or exacerbation including physical therapy, bracing, oral medication, pain management with cervical epidural injection and possibly Synvisc injections." On 11/18/2014 the treating physician submitted a report in which he reviewed the 9/24/2014 cervical spine and right wrist MRI scans. The treating physician reiterated a recommendation for future medical care in which "the patient requires access to future medical care including re-evaluations with an orthopedic surgeon and

additional, short courses of conservative care during periods of documented flare-up or exacerbation including physical therapy, bracing, oral medication, acupuncture and chiropractic treatment." On 11/18/2014 the claimant was evaluated for complaints of neck and right wrist/hand pain. The claimant was diagnosed with cervical spine strain, right elbow internal derangement, right wrist internal derangement, right hand sprain/strain, right knee internal derangement, and left knee total arthroplasty. The recommendation was for a course of chiropractic treatment at 2 times per week for 6 weeks for the neck. The provider submitted an RFA on 12/4/2014 in which he requested 12 sessions of chiropractic treatment for the cervical spine. This request was denied by peer review in that it was in excess of ODG chiropractic treatment guidelines 6 visit clinical trial.

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

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

#### **12 Chiropractic sessions to the neck, bilateral knees, right hand, and elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation section Page(s): 58.

**Decision rationale:** The medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, the treating physician indicated that future medical care would be appropriate if the claimant sustained an exacerbation of her chronic complaints. A review of the 11/18/2014 PR-2 revealed no evidence of an elevation of the claimant's complaints above and beyond her permanent and stationary level. Therefore, consistent with MTUS guidelines, the medical necessity for the requested 12 chiropractic treatments was not established.