

<b>Case Number:</b>	CM15-0110375		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 4/06/2012. The injured worker was diagnosed as having cervical spine multilevel herniated nucleus pulposus, cervical spine multilevel degenerative disc disease, cervical spine radiculopathy, bilateral shoulder impingement syndrome, bilateral shoulder rotator cuff tear, bilateral shoulder tenosynovitis, bilateral shoulder acromioclavicular joint osteoarthopathy, left elbow sprain-strain, right elbow tear of common extensor tendon, right elbow lateral epicondylitis, bilateral wrist carpal tunnel syndrome, bilateral wrist subchondral cyst, thoracic spine multilevel herniated nucleus pulposus, thoracic spine multilevel degenerative disc disease, lumbar spine pain, lumbar spine radiculopathy, lumbar spine herniated nucleus pulposus, bilateral knee sprain-strain, right knee chondromalacia patellae, right knee osteoarthritis, bilateral knee medial meniscus tear, bilateral plantar fasciitis, anxiety disorder, mood disorder, sleep disorder, headaches, and abdominal discomfort. Treatment to date has included diagnostics, right shoulder surgery 2/2015, acupuncture, physical therapy, and medications. Currently, the injured worker complains of burning neck pain and spasms, with numbness and tingling of the upper extremities, rated 5/10, burning bilateral shoulder pain with radiation to the arms to fingers, rated 5/10, burning bilateral elbow pain and muscle spasms, rated 6/10 and associated with weakness, numbness and tingling to the hands and fingers, burning bilateral wrist pain and spasms, rated 6/10, radicular mid back pain and spasms, rated 5/10, radicular low back pain and spasms, rated 5/10, bilateral knee pain and spasms, rated 5/10, bilateral burning feet pain and spasms, rated 5/10, stomach problems associated with nervousness, and headaches. She reported anxiety and

depression due to chronic pain and physical limitations. Current medication regimen was not noted. The treatment plan included physiotherapy to the cervical spine, right and left shoulders, right and left elbows, right and left wrists, thoracic spine, lumbar spine, bilateral knees, and bilateral ankles-feet. Work status was total temporary disability.

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

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

**Physiotherapy 3 x 6 cervical spine, right & left shoulder, right & left elbow, left wrist, thoracic spine, right & left knee, right ankle & foot, left ankle & foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

**Decision rationale:** Provider requested initial trial of 3X6 chiropractic treatment for cervical spine, right and left shoulder, right and left elbow, left wrist, thoracic spine, right and left knee, right ankle and foot, left ankle and foot, which were non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Furthermore MTUS guidelines do not recommend Chiropractic for elbow, wrists and knees. Per guidelines and review of evidence, 18 Chiropractic visits are not medically necessary.