

<b>Case Number:</b>	CM15-0119981		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	05/05/2006
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 45 year old female, who sustained an industrial injury on 5/05/2006. The injured worker was diagnosed as having overuse syndrome of bilateral upper extremities, right elbow lateral epicondylitis, right shoulder tendinitis, right elbow cubital tunnel syndrome, right wrist carpal tunnel syndrome, and right wrist de Quervain's syndrome. Treatment to date has included diagnostics, pain management, modified work, chiropractic therapy, and medications. Currently, the injured worker complains of constant pain in the elbows, rated 8/10, with tenderness and stiffness, limited range of motion in the right shoulder, and continued pain in the wrists, with grip weakness and limited range of motion. She was attending an unspecified therapy, documented as increasing mobility. She was working with restrictions, permanent and stationary work status. Physical exam noted diminished sensation in all the right fingers. The treatment plan included consult and possible treatment with psychiatry, electromyogram and nerve conduction studies of the upper extremities, chiropractic (3x12), and return visit in 6 weeks. The rationale for the requested chiropractic treatment was not noted. A prior progress report (4/15/2015) referenced the injured worker as attending an unspecified amount of chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 3x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The 6/10/15 UR determination denied the treatment request for 36 visits to manage the patient neck/upper extremity conditions citing CAMTUS Chronic Treatment Guidelines. At the time of the treatment request, the claimant was under active treatment to the right shoulder without clinical evidence that care was completed or produced functional improvement. The UR determination cited the continuing medical management being completed prior to initiation of additional care to avoid concurrent management and the inability to discern improvement when two protocols were being administered concurrently. The reviewed records failed to establish the medical necessity for the introduction of additional care, Chiropractic manip/modalities 36 sessions, or comply with CAMTUS Chronic Treatment Guidelines.