

<b>Case Number:</b>	CM15-0122776		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, Minnesota  
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 injured worker is a 30 year old female who sustained an industrial /work injury on 10/30/14. She reported an initial complaint of neck, hand, and back pain. The injured worker was diagnosed as having carpal tunnel syndrome, cervical, thoracic, lumbosacral gluteal myositis and spasm, myositis right forearm/hand. Treatment to date includes medication, right hand physical therapy, and chiropractic treatment. Currently, the injured worker complained of neck, upper back, right forearm, buttock pain. Per the primary physician's report (PR-2) on 5/4/15, handwriting was illegible. Per the report on 4/15/15, there was a flare up of right neck, upper back, and right forearm, buttock pain. Exam noted 2-3+ tenderness to right forearm extensors/flexors, thenar eminence, 2+ tenderness right FCR insertion. The requested treatments include chiropractic for right CTS, cervical, thoracic, L-sacral gluteal myositis and spasm, myositis right forearm/hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1-2 times a week for 6 weeks for right CTS, cervical, thoracic, L-sacral gluteal myositis and spasm, myositis right forearm/hand: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and cervical/Thoracic) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Manipulation of the CTS and right forearm/hand is not recommended according to the above guidelines. The doctor requested Chiropractic 1-2 times per week for 6 weeks or 6-12 visits for the right CTS, cervical, thoracic, L-gluteal myositis and spasm, myositis right forearm/hand. The request for treatment to the above areas is not according to the above guidelines and therefore the treatment is not medically necessary.