

<b>Case Number:</b>	CM15-0125413		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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

### 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 47 year-old male, who sustained an industrial injury on 3/21/2014, due to cumulative trauma. The injured worker was diagnosed as having bilateral shoulder sprain/strain, bilateral shoulder tendinitis, bilateral shoulder impingement syndrome, bilateral elbow/forearm sprain/strain, bilateral elbow lateral epicondylitis, bilateral wrist sprain/strain, rule out bilateral carpal tunnel syndrome, bilateral wrist chronic overuse syndrome, sleep disturbance secondary to pain, and situational depression. Treatment to date has included diagnostics, physical therapy, extracorporeal shockwave therapy, chiropractic, and medications. Currently, the injured worker complains of pain in his right shoulder, rated 3/10 and unchanged since last visit, and pain in his bilateral elbows/forearms, rated 4/10 and unchanged since last visit. He was currently asymptomatic in his right wrist (improved from 1/10 his last visit), and remained asymptomatic in his left shoulder and wrist. He reported that chiropractic decreased his pain and tenderness and improved his function and activities of daily living by 20%. He completed 12 chiropractic sessions. His medication regimen was not described. The treatment plan included additional chiropractic (3x4) for the bilateral upper extremities. His work status was unchanged, noting temporary partial disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 3 times/week for 4 weeks of bilateral upper extremities: 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 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." Page(s): 58.

**Decision rationale:** On 4/30/2015 a reevaluation was performed. It was noted that the claimant's right shoulder complaints decreased from 6/10 to 3/10 on the visual analogue scale. It was further noted that the "patient is currently working therefore forearms are constantly being used." The 5/21/2015 evaluation from Dr. [REDACTED], M.D., indicated that the claimant's right shoulder pain "is rated as 3/10 per the VAS scale, which has remained the same since his last visit and 4/10 in the bilateral elbows/forearms, which has remained the same since his last visit. The last visit was the 3/5/2015 evaluation at which time the claimant noted right shoulder is rated as 3/10, which was decreased from 7/10." This indicates that between 3/5/2015 through 5/21/2015 the claimant's condition had remained the same despite having undergone a course of 12 chiropractic treatments. Therefore, given the absence of functional improvement as a result of the most recent course of care, the medical necessity for the requested 12 additional chiropractic treatments was not established.