

<b>Case Number:</b>	CM15-0022866		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: New Jersey

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 43-year-old female who reported injury on 07/02/2013. The mechanism of injury was cumulative trauma. The injured worker was noted to undergo prior chiropractic care. Documentation of 01/02/2015 revealed the injured worker had pain in the neck, low back, mid back, bilateral shoulders, bilateral elbows and bilateral wrists. Physical examination revealed decreased range of motion in the cervical spine, lumbar spine and bilateral shoulders; and the injured worker had moderate to severe palpable tenderness and decreased range of motion in the bilateral wrists and bilateral elbows. The injured worker had a positive Tinel's and Phalen's. The diagnoses included right shoulder tendonitis with a downsloping acromion; right elbow sprain/strain, tendonitis; right wrist sprain/strain; cervical spine multiple disc disease; elbow/forearm sprain/strain, epicondylitis; and left wrist tendonitis, carpal tunnel syndrome. The treatment plan included continued chiropractic care, therapeutic exercises and physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued chiropractic/therapeutic exercises/physiotherapy, 2x2 then 2x2 (cervical, thoracic, lumbar, bilateral shoulders/elbows/wrists): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation; Physical medicine Page(s): 58, 98-99.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that manual therapy is recommended for chronic pain, if it is caused by musculoskeletal conditions. It is not recommended for the wrist. Additionally, treatment beyond 8 weeks may be indicated, and there should be documentation of improvement in function, decrease in pain and improvement of quality of the life. The clinical documentation submitted for review failed to indicate the injured worker had improved function, decrease in pain and improved quality of life. The specific quantity of sessions was not provided. There was a lack of documentation of exceptional factors. As such, the request for continued chiropractic/therapeutic exercises/physiotherapy, 2x2 then 2x2 (cervical, thoracic, lumbar, bilateral shoulders/elbows/wrists) is not medically necessary.