

<b>Case Number:</b>	CM15-0025375		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/14/2007
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 73 year old female, who sustained an industrial injury on February 14, 2007. She has reported neck, bilateral wrists and shoulder pain with radiculopathy. The diagnoses have included cervical degenerative joint disease, left rotator cup tendonitis and impingement syndrome with partial thickness rotator cuff tear, bilateral cubital tunnel syndrome and bilateral wrist carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder, conservative therapies, pain medications and treatment modalities. Currently, the IW complains of neck, bilateral wrists and shoulder pain with radiculopathy. The injured worker reported an industrial injury in 2007, resulting in the above pain. She was treated surgically regarding the right shoulder and conservatively for left shoulder pain. It was noted the pain was improved with physical therapy. Evaluation on January 5, 2015, revealed continued neck pain, an improved right shoulder with a healed surgical scar and no signs of impingement, a tender to palpation left shoulder with signs of impingement and mild tenderness to the elbows and wrists. She reported an improvement with chiropractic care. The treatment plan included continuing with exercises and activity and to use pain medications judiciously. On January 27, 2015, Utilization Review non-certified a request for 12 chiropractic visits for the cervical spine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of requested 12 chiropractic visits for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic visits for the Cervical Spine between 1/23/15 and 3/9/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual medicine.

**Decision rationale:** The California chronic pain medical treatment guidelines section on manual manipulation and therapy states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: 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. Elective/maintenance care "Not medically necessary. Recurrences/flare-ups" Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician. Number of Vists: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The time to produce results is 4-6 sessions and then re-evaluation for any additional therapy. The request is for 12 sessions. Therefore, the request is not certified.