

<b>Case Number:</b>	CM15-0030982		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 York  
 Certification(s)/Specialty: Internal 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 19 year old male, who sustained an industrial injury on 08/14/2014. He has reported pain in the neck, left hand, left elbow, and left shoulder. The diagnoses have included elbow and forearm sprain/strain; elbow enthesopathy syndrome; arm sprain and strain syndrome; hand crush injury; amputation of the tip of the left thumb traumatic; wrist pain/strain; shoulder subluxation; and cervicothoracic outlet syndrome. Treatment to date has included medications and physical therapy. A progress note from the treating physician, dated 11/12/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the left thumb, left wrist, left elbow, left shoulder, and the neck; the left thumb/hand pain is constant, is rated at 8/10 on the visual analog scale, and involves numbness, tingling, and weakness; and physical therapy is helping him. Objective findings included tenderness to palpation, hypomobility, restricted motions, stiffness, and swelling in the left hand, wrist, elbow, and shoulder; and +3 spasms are felt in the posterior left lateral cervical spine and upper dorsal spine. The treatment plan has included requests for chiropractic and physiotherapy treatments. On 02/12/2015 Utilization Review modified a prescription for Chiropractic spinal manipulation, cervical/thoracic spine, per 11/12/14 order, QTY: 5.00, to Chiropractic spinal manipulation, cervical/thoracic spine, per 11/12/14 order, QTY: 3.00; noncertified Chiropractic extraspinal manipulation, left wrist/elbow/shoulder, per 11/12/14 order, QTY: 5.00; noncertified Electrical stimulation unattended, left forearm, per 11/12/14 order, QTY: 5.00; noncertified Diathermy, left upper extremity, per 11/12/14 order, QTY: 5.00; and modified a prescription for Mechanical traction for the cervical spine, left hand, wrist, elbow and shoulder, per 11/12/14 order, QTY:

5.00, to Mechanical traction for the cervical spine, left hand, wrist, elbow and shoulder, per 11/12/14 order, QTY: 3.00. The MTUS, ACOEM was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of a Chiropractic spinal manipulation, cervical/thoracic spine, per 11/12/14 order, QTY: 5.00; Chiropractic extraspinal manipulation, left wrist/elbow/shoulder, per 11/12/14 order, QTY: 5.00; Electrical stimulation unattended, left forearm, per 11/12/14 order, QTY: 5.00; Diathermy, left upper extremity, per 11/12/14 order, QTY: 5.00; and Mechanical traction for the cervical spine, left hand, wrist, elbow and shoulder, per 11/12/14 order, QTY: 5.00.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic spinal manipulation, cervical/thoracic spine, per 11/12/14 order, QTY: 5.00:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Neck Chapter.

**Decision rationale:** MTUS recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. ODG recommends 9 visits over 8 weeks for sprains and strains of shoulder and upper arm, and 6 visits over 2-3 weeks for neck pain due to cervical strain. As time goes, fading of treatment frequency (from up to 3 visits per week to 1 or less) should be allowed, plus active self-directed home therapy. The primary criterion for continued treatment is based on patient response. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be prescribed. At the time of the requested service under review, documentation reveals that the injured worker is in the initial phase of Chiropractic treatment for complains of neck pain with no significant improvement. The request for Chiropractic spinal manipulation, cervical/thoracic spine, per 11/12/14 order, QTY: 5.00 is reasonable and medically necessary.

**Chiropractic extraspinal manipulation, left wrist/elbow/shoulder, per 11/12/14 order, QTY: 5.00:** Upheld

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

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

**Decision rationale:** MTUS recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. ODG recommends 9 visits over 8 weeks for sprains and strains of shoulder and upper arm. As time goes, fading of treatment frequency (from up to 3 visits per

week to 1 or less) should be allowed, plus active self-directed home therapy. The injured worker complains of neck, left hand, left elbow, and left shoulder pain. Although chiropractic treatment for the shoulder is appropriate, MTUS does not recommend Chiropractic treatment for the forearm, wrist or hand. With guidelines not being met, the request for Chiropractic extraspinal manipulation, left wrist/elbow/shoulder, per 11/12/14 order, QTY: 5.00 is not medically necessary.

**Electrical stimulation unattended, left forearm, per 11/12/14 order, QTY: 5.00: Upheld**

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

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

**Decision rationale:** MTUS recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. As time goes, fading of treatment frequency (from up to 3 visits per week to 1 or less) should be allowed, plus active self-directed home therapy. The injured worker complains of left hand, left elbow, and left shoulder pain. MTUS does not recommend Chiropractic treatment for the forearm, wrist or hand. With guidelines not being met, the request for Electrical stimulation unattended left forearm, per 11/12/14 order, QTY: 5.00 is not medically necessary.

**Diathermy, left upper extremity, per 11/12/14 order, QTY: 5.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manipulation Chapter, Diathermy.

**Decision rationale:** Diathermy is a type of heat treatment using either short wave or microwave energy. Per ODG, it is not recommended and has not been proven to be more effective than placebo diathermy or conventional heat therapy. MTUS does not recommend Chiropractic treatment for the forearm, wrist or hand. With guidelines not being met, the request for Diathermy left upper extremity, per 11/12/14 order, QTY: 5.00 is not medically necessary.

**Mechanical traction for the cervical spine, left hand, wrist, elbow and shoulder, per 11/12/14 order, QTY: 5.00: Upheld**

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

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

**Decision rationale:** MTUS recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. ODG recommends 9 visits over 8 weeks for sprains and strains of shoulder and upper arm. As time goes, fading of treatment frequency (from up to 3 visits per week to 1 or less) should be allowed, plus active self-directed home therapy. The injured worker complains of neck, left hand, left elbow, and left shoulder pain. Although chiropractic treatment for the neck is appropriate, MTUS does not recommend Chiropractic treatment for the forearm, wrist or hand. With guidelines not being met, the request for Mechanical traction for the cervical spine, left hand, wrist, elbow and shoulder, per 11/12/14 order is not medically necessary.