

<b>Case Number:</b>	CM15-0039521		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Chiropractic

### 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 49 year old female who sustained an industrial injury on 06/25/2012. Current diagnoses include cervical spine sprain and strain, multi-level spondylosis and mild disc bulges-cervical spine, tendinitis bilateral shoulders with impingement, tendinitis bilateral wrists with possible early carpal tunnel syndrome, lumbar spine sprain and strain, multi-level spondylosis and mild disc bulges-lumbar spine, clinical bilateral lower extremity radiculopathy, and tendinosis bilateral knees with possible internal derangement. Previous treatments included medication management, cortisone injection right shoulder, chiropractic therapy, physical therapy, and acupuncture. Initial complaints included nausea, dizziness, as well as pain in both hands and a warm sensation with stabbing pain in her neck and low back. Report dated 01/13/2015 noted that the injured worker presented with complaints that included constant pain and stiffness in the neck, both shoulders, wrists and hands, low back, and both knees. Further complaints included numbness, tingling in the arms, wrists, and hands, clicking and grinding in the shoulders, knees giving way, and pain radiating from the back down to the legs. Physical examination was positive for abnormal findings. The treatment plan included additional 12 sessions of chiropractic physiotherapy for the shoulders, wrists, and knees, symptomatic medications, and referral to a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the right knee, bilateral shoulders, and bilateral wrists/hands, twice weekly for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation ODG Shoulder, Wrists and Hand and Knee Chapters, Manipulation Sections/MTUS Definitions Page 1.

**Decision rationale:** The patient has received prior chiropractic care for her injuries per the records provided. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. However, The MTUS does not recommend manipulation to the knee, wrist and hand. The ODG Shoulder Chapter recommends manipulation 9 visits over 8 weeks. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The number of sessions provided in the past to the shoulder, knee and wrists are not provided in the records. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic treatment records are not present in the materials provided for review. I find that the 12 chiropractic sessions requested far exceed the recommended number by The MTUS and the requested treatments to the right knee, bilateral shoulders, hands and wrists to not be medically necessary and appropriate.