

<b>Case Number:</b>	CM15-0064204		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/04/1998
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Florida

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 78 year old female who sustained an industrial injury on 10/04/1998. Current diagnoses include lateral epicondylitis, medial epicondylitis, tenosynovitis of hand and wrist, and lumbar disc displacement without myelopathy. Previous treatments included medication management, chiropractic treatment, Therma care wrap, Salon Pas, and home exercise program. Report dated 03/24/2015 noted that the injured worker presented with complaints that included bilateral upper extremity pain. Pain level was not included. Physical examination was positive for abnormal findings. The physician noted that the injured worker has not received any physical therapy since October of 2014, and that she is able to manage flare-ups with 6 sessions of chiropractic therapy. The treatment plan included request for 6 chiropractic sessions, and refill Salon Pas and Thermacare wrap. Disputed treatment includes chiropractic treatment 2x4 to bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2x4 to bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 95.

**Decision rationale:** MTUS guidelines state regarding chiropractic therapy, "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." Guidelines go on to state that chiropractic therapy is not recommended for forearm, wrist, and hand. This request is for additional chiropractic therapy sessions, specifically to the "bilateral upper extremities". Objective functional improvement from the prior chiropractic treatments sessions is not discussed. For these reasons, this request is not medically necessary.