

<b>Case Number:</b>	CM15-0075609		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: 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 45 year old female, who sustained an industrial injury on 02/21/2012. She reported injuring her neck, right shoulder, and right hand. The injured worker is currently diagnosed as having carpal tunnel syndrome involving the right wrist, chronic moderate cervical sprain/strain, cervical degenerative disc disease, chronic right shoulder strain, and multiple levels of cervical disc bulging. Treatment and diagnostics to date has included electromyography/nerve conduction studies of bilateral upper extremities, physical therapy, massages, cervical epidural steroid injection, cervical spine MRI, and medications. In a progress note dated 03/30/2015, the injured worker presented with complaints of pain in her neck, right shoulder, and right hand. The treating physician reported requesting authorization for chiropractic treatment for the cervical spine, right shoulder, and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of chiropractic treatment for the right shoulder, hand, wrist and cervical spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability

Guidelines -Neck and Upper Back Official Disability Guidelines - Shoulder chapter Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. 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 re-evaluate 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 Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic pain in the neck, right shoulder and right hand. Previous treatments include medications, massages, physical therapy, and injections. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for the spine, the request for 12 sessions of chiropractic exceeded the guidelines recommendation. In addition, the guidelines do not recommend chiropractic treatment for the wrist and hand. Therefore, the request for 12 sessions of chiropractic treatment for the neck, shoulder, wrist, and hand is not medically necessary.