

<b>Case Number:</b>	CM13-0003435		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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. The expert reviewer is a Licensed Chiropractor and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 48 year old male patient with chronic wrists and elbows pain, date of injury 08/19/2009. Previous treatments include medications, topical pain cream, injection, left wrist and left elbow surgery on 01/25/2013, acupuncture, physical therapy, home exercise program, elbow brace, TENS unit. There is no records pertaining to the request for chiropractic treatments available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 3 CHIROPRACTIC TREATMENTS (DOS: 5/29/13, 6/6/13, AND 6/13/13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS guidelines do not recommend chiropractic for carpal tunnel syndrome and forearm, wrist and hand. For post-surgical treatments, the available medical records shows that the patient had been approved for 12 post-op hand therapy sessions from March to May 2013. However, there is no records of those visits available for review. Based on the available medical records the the MTUS guidelines recommendation, chiropractic treatments

for this patient is not supported. The retrospective request for three chiropractic treatments, DOS 5/29/13, 6/6/13, and 6/13/13, is not medically necessary and appropriate.