

<b>Case Number:</b>	CM13-0021667		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	04/01/2000
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed in chiropractic care, 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 59-year-old patient with chronic bilateral elbow and forearm pain with bilateral hand paresthesia, date of injury 04/01/2000. Previous treatments include chiropractic, home exercise and over the counter medications. Report dated 08/21/2013 by [REDACTED] noted slight to moderate and frequent right elbow and forearm pain, slight and frequent left elbow and forearm pain, moderate and intermitten to frequent right hand paresthesia, slight and intermitten to frequent left hand paresthesia; exam revealed key lateral pinch 13% weaker on the right, wrist extension 20% weaker on the right and grip strength 9% weaker on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 chiropractic treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Forearm, Wrist & Hand Section.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, chiropractic treatments to the forearm, wrist and hand are not recommended. Therefore, the request for 6 chiropractic treatments is not medically necessary.

