

<b>Case Number:</b>	CM13-0041569		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Board Certified in Chiropractic Services, 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 patient is a 42 year old female who was injured on 03/08/2011. Mechanism of injury is unknown. The patient has bilateral elbow, wrist, and upper back pain. Prior treatment history has included physical therapy. Medications include Naproxen 500 mg 1 tablet every 12 hours as needed and tizanidine 4 mg as needed Diagnostic studies reviewed include X-ray of left fingers, 2 views, dated 12/17/2013 which showed no acute fracture or dislocation and no joint erosions. Progress note dated 10/02/2013 documented the patient to have complaints of bilateral elbow, wrist and upper back pain. Objective findings on exam included full range of motion of the cervical spine and bilateral shoulders and bilateral elbows. Diffuse tenderness was noted over the paraspinal muscular region. Muscle strength was noted to be 5/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENT 2 TIMES PER WEEK FOR 3 WEEKS FOR BILATERAL WRISTS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANNIPULATION Page(s): 59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** According to the ACOEM Guidelines "Manipulation has not been proven effective for patients with pain the the hand, wrist, or forearm." Therefore the request for chiropractic manipulation treatment to the wrist is non-certified. As to chiropractic for a trapezius strain based on the ODG Chiropractic Guidelines and CA MTUS guidelines, chiropractic care is recommended at a frequency should be 1 time per week not to exceed 6 weeks should be more than adequate treatment. The request is for 2 times a week for 3 weeks this exceeds the guidelines recommendation. Therefore, the request is non-certified.