

<b>Case Number:</b>	CM13-0056495		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Care and is licensed to practice in Texas. 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 injured worker is a 29-year-old female who reported an injury on 02/03/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included acupuncture, chiropractic care, and anti-inflammatory medications. The injured worker was evaluated on 10/08/2013, and it was documented that the injured worker had evidence of mild right-sided carpal tunnel syndrome, normal electrophysiological studies and probably mild cubital tunnel syndrome that had received significant improvement with chiropractic treatment. Physical findings included positive right sided Tinel's and Phalen's signs, and a positive Tinel's sign over the ulnar nerve in the cubital tunnel on the right side. It was noted that there was no evidence of any ulnar nerve subluxation. The injured worker's diagnoses included probable mild carpal tunnel syndrome, probable mild cubital tunnel syndrome, mild right shoulder rotator cuff tendinitis, cervical radiculitis in the right upper extremity, and possible thoracic outlet syndrome. A request was made for additional chiropractic care to the right wrist and elbow due to the benefit from previous care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIRO 2X6 FOR THE RIGHT WRIST/ELBOW:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The requested chiropractic care 2x6 for the right wrist/elbow is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of chiropractic care and manual manipulation for injured workers with wrist and elbow injuries. Although the clinical documentation submitted for review does indicate that the injured worker has previously received chiropractic care, additional chiropractic care would not be supported. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested chiropractic care 2x6 for the right elbow/wrist is not medically necessary or appropriate.