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| <b>Case Number:</b>   | CM13-0058381 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/08/2013 |
| <b>Decision Date:</b> | 03/24/2014   | <b>UR Denial Date:</b>       | 11/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/26/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Licensed in Chiropractic 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 physician 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:

Patient is a 42 year old female who sustained an injury to her right hand, wrist and elbow on 8/8/2013 as a result of performing repetitive gripping, grasping and arm movement on a fast moving conveyor belt. The subjective complaint reported per treating chiropractor's initial report is "intermittent severe right wrist pain, stiffness, numbness, tingling and weakness radiating to hand, fingers and elbow." Patient has been treated with medications, a wrist brace, physical therapy and an initial 12 sessions of chiropractic care. The patient is status Temporary Totally Disabled (TTD). The diagnoses assigned by the treating physician are extensor tenosynovitis of the right wrist and chronic sprain of the right wrist. There have been no X-Rays or MRI studies per the treating physician's initial consultative report dated 9/18/13. PTP is requesting for 2-3 sessions of chiropractic care for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued chiropractic therapy 2-3 x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wrist and Hand Chapter Page(s): 58.

**Decision rationale:** It is unknown if the patient has been seen for the initial 12 session of chiropractic "already approved" per the Utilization Review notes. Records provided for review are initial consultative reports and not treatment reports. Furthermore it is unknown who is making the request for chiropractic care to the wrist as the primary treating physician's initial consultative report dated 9/18/13 recommends medications, a wrist brace and a follow-up appointment. There are no objective functional improvement data from the chiropractic treatments rendered in the records as defined in the MTUS definitions. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines p. 58 states that Manual therapy and manipulation is "not recommended" for wrist and hand. Given that objective functional improvements and measurable gains do not exist in the chiropractic records as defined in the MTUS, I find that the 2-3 chiropractic sessions for 6 weeks to right wrist to not be medically necessary and appropriate.