

<b>Case Number:</b>	CM13-0070278		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 22-year-old who reported a repetitive motion injury to her right wrist on May 16, 2012. Within the clinical note dated October 30, 2013 she reported frequent pain and stiffness in her right wrist with palpable tenderness. Per the submitted documentation she has already received twelve sessions of physical therapy or chiropractic sessions. In addition, she has also had an unknown number of acupuncture sessions. The request for authorization specific to the request was not found in the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE SESSIONS OF CHIROPRACTIC TREATMENT FOR THE RIGHT ARM AND WRIST: Upheld**

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

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

**Decision rationale:** The request for twelve sessions of chiropractic treatment for the right wrist and arm is non-certified. The Chronic Pain Medical Treatment Guidelines recommend chiropractic treatment for chronic pain if caused by musculoskeletal conditions. However,

chiropractic therapy is not recommended by the guidelines for the forearm wrist and hands. In addition, per the physical exam findings it was unclear if the injury was of a musculoskeletal origin. The requesting physician did not include an adequate and complete assessment of the injured workers current functional condition. The request for twelve sessions of chiropractic treatment for the right arm and wrist is not medically necessary or appropriate.