

<b>Case Number:</b>	CM14-0002639		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 38 year-old with a date of injury of 03/17/11. A progress report associated with the request for services, dated 11/25/13, identified subjective complaints of right neck, shoulder, elbow, and wrist pain. Objective findings included tenderness to palpation of the neck and pain on movement. There was pain with range-of-motion of the right shoulder and elbow. The right wrist had tenderness and decreased sensation. Diagnoses included right shoulder, elbow, and wrist sprain/strain; brachial neuritis; and cervicgia. Treatment has included an unspecified amount of physical therapy and injections. A Utilization Review determination was rendered on 12/31/13 recommending non-certification of "chiropractic treatment 6 visits to right hand and wrist; and acupuncture 6 visits for the right hand and wrist".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT 6 VISITS TO RIGHT HAND AND WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. Manual manipulation is not recommended for peripheral joints; specifically the ankle & foot, carpal tunnel, forearm, wrist & hand, and knee. In this case, the requested therapy is not recommended for that joint. Therefore, there is no documented medical necessity for chiropractic therapy of the hand and wrist.

**ACUPUNCTURE 6 VISITS FOR THE RIGHT HAND AND WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated. It further states that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range-of-motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture is listed as: • Time to produce functional improvement: 3 to 6 treatments. • Frequency: 1 to 3 times per week. • Optimum duration: 1 to 2 months. It is noted that acupuncture treatments may be extended if functional improvement is documented. In this case, the record does not document the use of or intolerance to pain medications. Therefore, there is no documented medical necessity for acupuncture as requested.