

<b>Case Number:</b>	CM14-0150386		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 a licensed Chiropractor & Pediatric Chiropractor, 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 injured worker is a 44 year old individual with an original date of injury of 1/27/13. The mechanism of this industrial injury occurred when the patient suffered an inversion sprain to the left foot and ankle. The patient reports bilateral wrist pain on 5/17/13. The CA MTUS Guidelines and Official Disability Guidelines do not recommend chiropractic treatment for the wrist. The disputed issue is a request for 12 chiropractic treatments for the bilateral wrists, with sessions 3 times a week for 4 weeks. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS or ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for bilateral wrists 3x week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 58, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Chapter, Manipulation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG. ). Forearm, wrist and hand chapter.

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. The CA MTUS and ODG do not recommend chiropractic treatment for the wrist. The disputed issue is a request for 12 chiropractic treatments for the bilateral wrists, with sessions 3 times a week for 4 weeks is not medically necessary.