

<b>Case Number:</b>	CM14-0032552		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/05/2008
<b>Decision Date:</b>	05/10/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Doctor of Chiropractic 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 42-year-old male who reported an injury on 08/05/2009. The mechanism of injury was not provided. Current diagnoses include wrist strain, PTSD, and cervicobrachial neuritis. The injured worker was evaluated on 12/04/2013. The injured worker reported persistent pain in bilateral upper extremities. Physical examination revealed restricted cervical range of motion with palpable tenderness. Treatment recommendations included 12 sessions of acupuncture and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 CHIROPRACTIC SESSIONS FOR THE BILATERAL WRISTS AND CERVIAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

**Decision rationale:** The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain. Treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic

treatment exceeds guideline recommendations. Furthermore, the California MTUS Guidelines state that manual therapy and manipulation for the forearm, wrist and hand is not recommended. Based on the clinical information received and the California MTUS Guidelines, the requested chiropractic care is not medically necessary or appropriate.