

<b>Case Number:</b>	CM14-0041451		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 licensed in Chiropractic Care 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:

According to the available medical records, this is a 44 year old male with chronic neck pain, and bilateral wrist and hand pain, with a date of injury 01/27/2013. Previous treatments include acupuncture, chiropractic therapy, bracing, physical therapy, cortisone injection, orthotics and medications. There is no report pertaining to this request for chiropractic treatment available. The most recent report dated 02/14/2014 by the treating doctor revealed pain in both hands with stabbing pain in thumbs with a burning sensation. Diagnoses include bilateral wrist/hand pain, and rule out carpal tunnel syndrome (CTS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Chiropractic treatment for bilateral wrists/hands 3x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Manipulation.

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

**Decision rationale:** MTUS Guidelines do not recommend chiropractic treatments for the wrist and hand, however, the patient has had physical therapy and chiropractic treatments before, with

at least 8 chiropractic visits from December 2013 to January 2014. There is no evidence of objective functional improvement documented, and the patient still complains of pain and burning in both hands, and remains on temporary total disability. As such, the request is not medically necessary.