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| <b>Case Number:</b>   | CM14-0045490 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 07/23/2013 |
| <b>Decision Date:</b> | 07/28/2014   | <b>UR Denial Date:</b>       | 03/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2014 |

### 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 Chiropractor and Acupuncture 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 27 year old male with cumulative reported injuries from 10/01/2012 to 08/10/2013. It was reported that the injured worker noted a gradual onset of pain to his right elbow and wrist due to repetitive and continuous movements of heavy lifting. The injured worker had an examination on 02/05/2014 with complaints of his right elbow and wrist burning and having muscle spasms on a level of 7/10. He complained of weakness, numbness and tingling to the hand and fingers. The injured worker reported that he did not take any medications. The range of motion on his right elbow revealed flexion at 140 degrees, extension at 0 degrees, pronation at 90degrees and supination at 90 degrees, which all were normal. He did test positive for tinel's sign and cozen's sign. The range of motion to his right wrist revealed flexion at 50 degrees, extension at 50 degrees, radial deviation at 10 degrees and ulnar deviation at 15 degrees. He tested positive for tinel's wrist, phalen's, finkelstein's and impingement. His motor strength revealed 4/5. His diagnoses consisted of pain in right elbow, rule out cubital tunnel syndrome, pain in right wrist, rule out radial styloid tenosynocitis, rule out carpal tunnel syndrome and rule out other articular cartilage disorders. The recommended plan of treatment was medications, x-rays of elbow and wrist, TENS unit, chiropractic treatment, shockwave therapy, an MRI, EMG/NCV and terocine patches. The request for authorization was signed on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 3 TIMES A WEEK FOR 6 WEEKS, RIGHT ELBOW AND WRIST:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain medical Treatment Guidelines, Manuel Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The request for chiropractic therapy 3 times a week for 6 weeks for right elbow and wrist are not medically necessary. The California MTUS Guidelines recommend manual therapy for chronic pain caused by the musculoskeletal conditions. The diagnoses of the injured worker are unclear. The injured worker has been recommended to have further examinations done to verify diagnoses. There is no evidence that the injured worker's pain is caused by musculoskeletal conditions. The guidelines also do not recommend manual therapy for carpal tunnel syndrome, nor for forearm, wrist, and hand. Therefore the request for chiropractic therapy is not medically necessary.