

<b>Case Number:</b>	CM14-0048211		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 licensed in Chiropractic 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 patient has submitted a claim for radial styloid tenosynovitis and wrist sprain/strain associated with an industrial injury dated December 20, 2012. Treatment to date has included acupuncture, physical therapy and right elbow epicondylectomy (2013). Medical records from 2014 were reviewed showing constant right ulnar and radial wrist pain that increases with grasping, gripping, twisting motions, and keyboarding. There is intermittent right lateral elbow pain with grasping and gripping. These were associated with continuous typing/keyboarding/data entry. The patient is right hand-dominant. A progress report dated January 10, 2014 stated that the patient had a right wrist triangular fibrocartilage tear which was treated and settled under a prior claim. Physical examination showed tenderness to palpation along the ulnar portion of the right wrist over the TFCC. There is also right dorsal compartment and right lateral epicondyle tenderness to palpation. There is a positive Finkelstein's test, negative Tinel's at the elbow and wrist and negative Phalen's test. Deep tendon reflexes are active and normal. Sensation is intact in the upper extremities. The patient was diagnosed with radial styloid tenosynovitis, wrist sprain/strain and lateral epicondylitis, right elbow. She previously had approximately 24 sessions of acupuncture and an unspecified number physical therapy sessions. Patient did relatively well with PT; however specific functional gains were not documented such as improved ability to perform activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX CHIROPRACTIC THERAPY VISITS 2 TIMES A WEEK FOR 3 WEEKS FOR THE RIGHT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines.

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

**Decision rationale:** According to page 58 of the Chronic Pain Medical Treatment Guidelines, chiropractic care or manual therapy is not recommended for the forearm, wrist and the hand. In this case, the patient has been suffering from radial styloid tenosynovitis and wrist sprain/strain. Chiropractic therapy of the wrist is not recommended. Therefore, the request is not medically necessary.