

<b>Case Number:</b>	CM14-0048798		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Board Certified in 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 57-year-old female who reported an injury on 8/21/13. The mechanism of injury was not provided within the medical records. The injured worker's diagnoses included mild carpal tunnel syndrome, right wrist sprain/strain, and right lateral elbow sprain/strain. The injured worker reported pain to the right brachioradialis and right volar aspect of the right wrist. The injured worker's trigger finger #2 has improved and she completed six sessions of acupuncture and reported decreased pain to tolerable levels. The injured worker reported she was hesitant to take medications given her GI complications. She had considered cortisone injection trial. On physical examination, the injured worker's cervical spine rotation was guarded at 60 degrees to 65/80 degrees. There was pain on the right brachioradialis muscle. The injured worker had a positive Phalen's sign on the right hand with numbness. The injured worker's prior treatments included diagnostic imaging, acupuncture, and therapeutic exercises. The provider submitted request for therapeutic exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four sessions of therapeutic exercises for the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is a lack of documentation indicating the injured worker's prior course of exercises as well as efficacy of the prior therapy. In addition, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the amount of therapy visits that have already been completed for the right upper extremity is not indicated. Therefore, the request is not medically necessary.