

<b>Case Number:</b>	CM14-0051487		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 45 year old female with an injury date on 02/12/2013. According to this report, the patient complains of left hand and wrist pain with radiations into her left shoulder and neck. Moderate tenderness noted in the left upper extremity. Pain is noted in supination of the left forearm. The Jamar dynamometer findings are: right 75/65/60 and left 5/5/3 in pounds. The patient has had approximately three visits of chiropractic care in the past. There were no other significant findings noted on this report. [REDACTED] is requesting additional chiropractic manipulation therapy to the left hand and wrist, 2 times per week over 4 weeks. The utilization review denied the request on 03/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/24/2013 to 06/23/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional chiropractic manipulation therapy to the left hand and wrist two (2) times per week over four (4) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58,59.

**Decision rationale:** According to the 02/11/2014 report by [REDACTED] this patient presents with left hand and wrist pain with radiations into her left shoulder and neck. The treater is requesting additional 8 sessions of chiropractic manipulation therapy to the left hand and wrist. Regarding Chiropractic care, MTUS recommends an option trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. Review of the available reports show that the patient has had 3 chiropractic sessions. However there was no discussion regarding the patient's progress, no evidence of objective functional improvement, return to work plan or change and no documentation regarding medication reduction. Without some progress from the initial 3 sessions additional 8 sessions cannot be considered. Recommendation is for denial.