

<b>Case Number:</b>	CM14-0069030		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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, has a subspecialty in Acupuncture 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 injured worker is a 45 year old female who reported left wrist pain from injury sustained on 04/05/14. X-rays of the left wrist were unremarkable. Patient is diagnosed with sprain of wrist, thumb tenosynovitis, myofascitis and possible tear of ligaments of thumb. Patient has been treated with medication, braces and physical therapy. Per medical notes dated 05/05/14, patient complains of left wrist pain rated at 9/10. Pain is sharp with some numbness and tingling. She notes it does radiate a bit into her forearm. The pain is constant and is increased with lifting anything heavy. Provider is requesting 6 chiropractic sessions for left wrist pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy treatment to the left wrist for six (6) sessions:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain medical treatment guideline, Manual therapy and manipulation pages 58-59. Recommended 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 objectively measureable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiological range-of motion but not beyond the anatomic range-of-motion. Forearm, wrist, hand: Not recommended. Provider is requesting 6 chiropractic visits for left wrist pain which are not recommended by MTUS guidelines. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.