

<b>Case Number:</b>	CM14-0077060		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 licensed in Chiropractic Care and is licensed to practice in New York. 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:

Upon review of the medical records provided the injured worker is a 56 year old female whom sustained a work related injury that occurred on January 27, 2010 while employed by [REDACTED]. There was no specific accident history documented, but the records do indicate that the pain is localized to the left scaphoid bone and left thenar eminence. Upon reiveiw of the chriopractic examination report that occurred on 6/26/13, the injured worker presented due to an exacerbation. Examination revealed dynamometer reading were 50, 50, 50 on the problem hand and 70,70,70 of the unaffected hand. Pain levels were an 8/10 while at work, scaphoid carpal was edematous and sensitive to touch. There were findings consistent with ttendinopathy, Finkelsteins manuever exacerbated her complaints, and wrist flexion and extension were within normal limits. The scaphoid bone was tender 4/4, edema was palpable and motion restriction was noted to be pain provoking. A diagnosis of extensor and abductor pollicis longus tendonitis complicated by scaphoid and dyskinesia was given. The requested treatment was to consist of scaphoid manipulation, myofascial pain release and interferential therapy. On 4/24/14 chiropractic care for the left upper extremity, four sessions over six weeks, was requested to include manipulation, myofascial release and interferential therapy for flareup of thumb/hand complaints. In a modified utilization review determination and authorization report dated 4/28/14, the reviewer determined two chiropractic sessions of the requested four were approved for the left upper extremity with a begin date 3/10/14 and expiration date of 3/10/15. The reviewer determined that four chiropractic visits spread out over six weeks did not resemble a pattern of care for flareup pain, and instead is more consistent with custodial, prophylactic or maintenance care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care for the left upper extremity; 4 sessions:** 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): 58-60.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines indicate that manual therapy and manipulation to the forearm, wrist & hand is not recommended. The requested treatment was to consist of scaphoid manipulation, thenar myofascial release and interferential therapy; which all are part of the wrist and hand. As such, the request is not medically necessary.