

<b>Case Number:</b>	CM14-0014469		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 60 year old female with chronic pain in the neck and upper extremities; date of injury is cumulative from 11/29/2001 to 08/12/2010. Previous treatments include medications, bracing, chiropractic, and wrist surgeries. There is no treatment records available for review. The claimant is a 60 year old female with diagnoses of cervical disc protrusion and stenosis per MRI, right shoulder impingement syndromes per MRI, left subacromial-subdeltoi bursitis per MRI, subchondral cyst formation on bilateral wrists per MRI, carpal tunnel syndromes bilaterally status post releases, de Quervains disease, bilateral wrist tenosynovitis, loss of sleep, and internal medicine diagnoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 2XWK X 6WKS LEFT ELBOW/FOREARM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY MANIPULATION,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

**Decision rationale:** The claimant presented with chronic pain in the neck and elbow/forearm due to cumulative injury from 11/29/2001 to 08/12/2010. Current request is chiropractic treatment 2x a week for 6 weeks for the left elbow and forearm. Reviewed of the available medical records showed the claimant had chiropractic treatments the past. However, MTUS guidelines do not recommend chiropractic treatments for the forearm/wrist/hand, therefore, the request for 12 chiropractic visits is not medically necessary.