

<b>Case Number:</b>	CM14-0188644		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 patient is a 45-year-old male with a date of injury of 5/26/2013. According to the report dated 10/6/2014, the patient complained of constant neck pain, which was rated at 8/10. The patient also noted pain in the left arm with radiation to the left upper middle back region, which was rated at 3-5/10. There was radiation into the left wrist. Significant objective findings include restricted cervical range of motion, limited range of motion in the left shoulder, moderate pain into the left shoulder and down in the left arm to the left wrist with palpation. Jamar dynamometer testing reveals significant weakness in left hand and right hand. The patient was diagnosed with moderate cervical sprain, cervical disc injury, radicular symptoms in the left arm, and left wrist sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x 8 left arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The MTUS guideline recommends manipulation for chronic pain. However, the guidelines do not recommend manipulation for the forearm, wrist, and hand. Therefore, based on the guidelines, this request is not medically necessary.