

<b>Case Number:</b>	CM14-0189247		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 and 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 44 year old male who reported bilateral wrist pain from injury sustained on 01/27/13. The day of injury, he went to fry station to work and there, he developed shocking pain in bilateral wrists, along with tingling in bilateral hands. Electrodiagnostic studies revealed acute and chronic cervical radiculopathy involving C4-5-6 nerve root, greater on the left; and bilateral carpal tunnel syndrome. Patient is diagnosed with bilateral wrist sprain/strain rule out carpal tunnel syndrome; and cervical radiculopathy. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 08/27/14, patient complains of having tingling and numbness with pain in bilateral hands involving the thenar and hypothenar area. He has weakness of bilateral hands. He also complains of increasing neck pain and having headaches, pain consists of a pressure and discomfort and is associated with visual blurring about 2 times a week. Provider requested initial trial of 12 chiropractic treatment bilateral wrists and hands which was denied by the utilization review on 10/21/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy for the bilateral wrists and hands three times a week for four weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm wrist and hand chapter manipulation

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

**Decision rationale:** Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment bilateral wrists and hands which was denied by the utilization review on 10/21/14. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. California Medical Treatment Utilization Schedule (MTUS)- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore MTUS guidelines do not recommend Chiropractic for hand and wrist pain. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.