

<b>Case Number:</b>	CM14-0196142		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Chiropractor (DC), 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 49 year old female who reported right wrist pain from injury sustained on 09/25/14 due to cumulative trauma of repetitive typing and writing. X-rays of the right wrist were unremarkable. Patient is diagnosed with right wrist tendinitis. Patient has been treated with medication. Per medical noted dated 09/29/14, patient complains of right wrist pain which is sharp, moderately severe, and intermittent. The symptoms are exacerbated by repetitive motion and lessened by rest. Patient states there is swelling of the wrist. Pain is rated at 10/10. Per medical notes dated 10/13/14, patient complains of right wrist and hand pain. Examination revealed tenderness over the triangular fibrocartilage complex and extensor tendons. Provider requested initial trial of 3X4 chiropractic sessions for right wrist which were non-certified by the utilization review on 10/30/14. 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 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** The patient has not had prior chiropractic treatments. Provider requested initial trial of 3 x 4 chiropractic treatment for right wrist. Per ACOEM guidelines "manipulation has not been proven effective for patients with pain in the hand, wrist, or forearm; studies show that therapeutic touch is no better than placebo in influencing median-motor nerve distal latencies, pain scores, and relaxation scores". Requested visits exceed the quantity of initial Chiropractic visits supported by the MTUS guidelines. Per guidelines and review of the evidence, this request is not medically necessary.