

<b>Case Number:</b>	CM15-0009425		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/22/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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:

The injured worker is a 37 year old female, who sustained an industrial injury on November 22, 2014, bumping the right hand on a tape machine. She has reported the right hand swollen and red. The diagnoses have included right hand contusion, right hand sprain/strain, and right upper extremity neuropathy. Treatment to date has included medication. Currently, the injured worker complains of right hand pain which radiates to the wrist, forearm, elbow, arm, shoulder, and upper back with numbness, tingling, pulsating, and burning sensations. The Primary Treating Physician's Initial Medical Evaluation dated December 9, 2014, noted the right hand/wrist with tenderness to palpation with spasms of the extensors of the right forearm, and tenderness to palpation of the right metacarpophalangeal joint of the thumb, and the metacarpophalangeal joint, proximal interphalangeal joint, and distal interphalangeal joint of the right 5th digit. On December 26, 2014, Utilization Review non-certified chiropractic care for the right hand two times a week for six weeks, noting that specific medical reasons or clear justification for the request was not evident, injury was recent with no clear documentation of any previous treatment such as physical therapy, and the Official Disability Guidelines (ODG) does not recommend manipulation as it has not been proven effective for pain in the hand, wrist, or forearm. The Official Disability Guidelines (ODG), Chiropractic guidelines, was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of chiropractic care for the right hand two times a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care for the right hand, 2 x 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic

**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 pain in the right hand that radiates to the wrist, forearm, elbow, arm, shoulder and upper back with numbness, tingling, pulsating, and burning sensations. Diagnoses include right hand contusion, right hand sprain/strain, and right upper extremity neuropathy. Current request is chiropractic treatment 2x a week for 6 weeks, and acupuncture. Evidences based MTUS guidelines do not recommend chiropractic treatment for the forearm, wrist, and hand. Therefore, the request is not medically necessary.