

<b>Case Number:</b>	CM15-0145037		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Oriental Medicine

### 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 (IW) is a 49-year-old female who sustained an industrial injury on 10-06-2014. Diagnoses include left forearm pain post laceration; left carpal tunnel syndrome; and medial epicondylitis. Treatment to date has included medications, physical therapy, chiropractic treatment and home exercise program. According to the Primary Treating Physician's Supplemental Report and RFA containing notes dated 6-15-2015, the IW reported constant pain in the left forearm and hand rated 8 out of 10; the pain radiated from the left side of the neck down the left arm to the hand. She complained of weakness in the left hand. She also reported headaches in the frontal region occurring three times per week and lasting two to three hours. On examination, flexion of the left elbow was decreased to 135 degrees; there was pain with active flexion and extension. Tenderness was present over the entire left forearm. The left wrist was tender over the ventral and dorsal aspects and range of motion was painful and decreased in all planes. Phalen's and reverse Phalen's tests produced left forearm pain. Left hand strength was 5 kg compared to 25 kg on the right. Electro diagnostic testing of the left upper extremity on 5-4-2015 found evidence of carpal tunnel syndrome. MRI of the left forearm on 2-17-2015 showed mild deformity of the proximal radius with marrow edema in the proximal radial diaphysis just distal to the neck, etiology uncertain; tendinosis of the common extensor tendon and probable mild tendinosis of the distal biceps brachii tendon just proximal to its insertion with no full-thickness tear; and chondromalacia along the capitellum, likely due to early osteoarthritic changes. Ultrasound of the bilateral wrists on 7-15-2015 showed bilateral carpal tunnel syndrome. Ultrasound of the bilateral elbows on 7-15-2015 found left medial and lateral

epicondylitis, left cubital tunnel syndrome and right cubital tunnel syndrome. A request was made for chiropractic twice per week for six weeks for the left forearm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic 2 times a week for 6 weeks for left forearm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The MTUS guidelines recommend manipulation for chronic pain if caused by musculoskeletal condition. However, the guidelines do not recommend manipulation for the forearm, wrist, and hand. The provider reported that the patient has completed 8 chiropractic sessions and was last seen on 7/13/2015. There was not much change in the patient's subjective complaints and patient was advised to follow up with the surgery. The provider's request for 12 additional chiropractic sessions to the left forearm is not medically necessary and appropriate based on the guidelines and lack of functional improvement from prior chiropractic treatments.