

<b>Case Number:</b>	CM15-0190081		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	02/13/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2015

### 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

### 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 65 year old female, who sustained an industrial injury on 2-13-2015. The injured worker was being treated for contusion and burn of the dorsum of the left wrist and hand with residual pain and stiffness. The injured worker (6-1-2015, 7-7-2015, and 8-3-2015) reported ongoing left shoulder pain radiating through the left arm to the left wrist and hand. She reported associated symptoms of left upper extremity stiffness and intermittent numbness and tingling in the left fingers. She reported difficulty with washing herself due to left upper extremity pain and stiffness. The physical exam (6-1-2015) reveals tenderness to palpation of the left upper extremity with associated spasticity in the left hand fingers and restricted ranges of motion. The physical exam (7-7-2015, 8-3-2015) reveals tenderness to palpation over the left forearm, wrist, and hand with associated muscle spasms in all of the left fingers. The treating physician noted restricted range of motion of the left shoulder, elbow, wrist, and hand with inability to make a left hand fist. Diagnostic studies were not included in the provided medical records. Treatment has included a medicated burn dressing, a sling, off work and medications including pain, proton pump inhibitor, and non-steroidal anti-inflammatory. The treatment plan included a course of 8 sessions of chiropractic therapy to improve range of motions, decrease pain, and for strengthening. Per the treating physician (8-3-2015 report), the injured worker is temporary totally disabled. On 8-18-2015, the original utilization review non-certified a request for 8 chiropractic treatment of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic treatment of the left wrist, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic pain in the left wrist and hand secondary to burn and contusion injury. Previous treatments include medication and bracings. There is not history of chiropractic treatment for this claimant injury. According to evidences based MTUS guidelines, chiropractic treatment for the wrist and hand is not recommended, therefore, the request for 8 chiropractic treatment for this patient's left wrist and hand is not medically necessary.