

<b>Case Number:</b>	CM15-0198430		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Chiropractic

### 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 29-year-old female, who sustained an industrial-work injury on 9-5-14. She reported initial complaints of right arm pain. The injured worker was diagnosed as having right wrist strain and right hand strain and CRPS (Complex Regional Pain syndrome). Treatment to date has included medication, surgical referral, acupuncture that was helpful initially, and diagnostics. Currently, the injured worker complains of constant right hand and wrist pain (dysaesthetic pain) with sleep disturbance. Per the primary physician's progress report (PR-2) on 8-20-15, exam noted 3+ tenderness over the right wrist and hand, painful range of motion to the right wrist, diminished sensation on the right index tip, right dorsal thumb, and right small tip. The Request for Authorization requested service to include Chiropractic 2 times per week for 6 weeks for the right wrist and hand. The Utilization Review on 9-16-15 denied the request for an initial trial of chiropractic 2 times per week for 6 weeks for the right wrist and hand, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009 and Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times per week for 6 weeks for the right wrist and hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Forearm & Hand/Manipulation.

**Decision rationale:** The patient has not received chiropractic care for her right wrist and hand injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Wrist, Forearm and Hand chapter do not recommend manipulation. I find that the initial trial of 12 chiropractic sessions requested to the right wrist and hand to not be medically necessary and appropriate.