

<b>Case Number:</b>	CM15-0209944		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/25/2015
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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(n) 43 year old female, who sustained an industrial injury on 3-25-15. The injured worker was diagnosed as having cervical strain, spasm and radiculopathy and right De Quervain's tenosynovitis. Subjective findings (6-5-15, 7-17-15) indicated cervical pain that radiates to the right upper extremity. The injured worker also reported increasing (from 4-6 out of 10 to 7-8 out of 10) pain in the right wrist that radiates. Objective findings (6-5-15, 7-17-15) revealed diminished sensation in the right C6 distribution, a positive Finkelstein test in the right wrist and improving cervical and right shoulder range of motion. As of the PR2 dated 8-17-15, the injured worker reports pain in her neck, mid and low back, right shoulder and right upper extremity. Objective findings include tenderness to palpation in the cervical, thoracic and lumbar spine, decreased sensation to pinprick and light touch in the right median and ulnar nerve distribution and the S1 dermatomal distribution and a positive Tinel's sign over the ulnar groove. Treatment to date has included cervical trigger point injection on 7-31-15, physical therapy, acupuncture x 6 sessions and Ultram. The Utilization Review dated 10-1-15, modified the request for chiropractic treatment x 12 sessions to chiropractic treatments x 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro #12:** Upheld

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

**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 neck, right wrist, and right hand. Previous treatments include medications, injection, physical therapy, and acupuncture. There is no history of chiropractic treatments. Although a trial of 6 chiropractic visits over 2 weeks might be recommended for the spine, according to MTUS guidelines, it is not recommended for wrist and hand. The request for 12 visits also exceeded the guidelines recommendation. Therefore, it is not medically necessary.