

<b>Case Number:</b>	CM15-0214088		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	04/28/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 58 year old female who sustained an industrial injury on 04-28-2015 while she was on light duty following a right thumb surgery 12-21-2014. Medical records indicated the worker was treated for injury to the right ankle and right foot. She has a history of foot injection, joint pain, and limb pain. She received an injection into the right foot (09-2015) with some benefit. According to the provider report of 09-25-2015, she is working light duty. The worker complains of constant severe throbbing right wrist pain, stiffness, and cramping to her right elbow. She also complains of constant severe throbbing right ankle pain, stiffness and cramping and constant severe throbbing right foot pain, stiffness, and cramping. On exam, the worker has swelling of the right wrist with +3 tenderness to palpation of the dorsal and volar wrist. She has a 1 inch surgical scar at the right dorsal medial interphalangeal joint of the right wrist. Right wrist ranges of motion are significantly decreased and painful. She has right hand has swelling of the metacarpal phalangeal joints of the right hand and thumb. There is 1+ tenderness to palpation of the right hand metacarpal joints and thenar region. Right thumb flexion is limited and painful. The right ankle and foot has +3 tenderness to palpation of the medial ankle and foot. Range of motion of the right ankle is decreased and painful. The treatment plan includes light duty work status, and Chiropractic care for the right hand, wrist, and right ankle. A request for authorization was submitted for Chiropractic sessions 3xWk x 6Wks for the right hand, right wrist and right ankle. A utilization review decision 10/16/2015 non approved the request in its entirety (18 visits).

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

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

**Chiropractic sessions 3xWk x 6Wks for the right hand, right wrist and right ankle:** 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 right hand, right wrist, and right ankle. Previous treatments include medications and injections. The claimant also had a prior surgery treatment of the right thumb. Although evidences based MTUS guidelines might recommend at trial of 6 chiropractic treatment for low back pain, it is not recommended for treatment of the wrist, hand, or ankle. Based on the guidelines cited, the request for 18 chiropractic treatment visits for this claimant right hand, right wrist, and right ankle is not medically necessary.