

<b>Case Number:</b>	CM15-0049894		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 is a 23 year old female who sustained a repetitive industrial injury to her right wrist on 08-02-2013. The injured worker was diagnosed with right wrist tenosynovitis, right ganglion cyst, right De Quervain's tenosynovitis and right shoulder acromioclavicular joint arthrosis. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy, right shoulder injection, right wrist injection and conservative measures. According to the primary treating physician's progress report on February 23, 2015, the injured worker continues to experience right wrist pain associated with numbness and tingling and loss of grip. The injured worker also reported right shoulder pain. Examination of the right wrist demonstrated pain over the flexor retinaculum with normal range of motion and decreased grip on the right. Current medications were not documented. The injured worker is on temporary total disability (TTD) with modified restrictions. Treatment plan consists of magnetic resonance arthrogram (MRA) of the right wrist; renew physical therapy and the current request for chiropractic therapy for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation Right Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Manipulation.

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

**Decision rationale:** The California Chronic Pain Medical Treatment guidelines recommend manipulation for chronic pain if caused by musculoskeletal condition. However, the guidelines do not recommend manipulation for the forearm, wrist, & hand. Records indicate that the patient was authorized 8 chiropractic sessions for the right wrist on 3/18/2015. However, there was no documentation of functional improvement from the authorized sessions. Therefore, the provider's request for chiropractic manipulation of the right wrist is not medically necessary at this time.