

<b>Case Number:</b>	CM15-0057072		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 27-year-old female who sustained an industrial injury on 12/4/2014. Her diagnoses, and/or impressions, included: bilateral elbow/wrist (illegible), and tendonitis; cervical, thoracic and lumbar sprain/strain, and musculoligamentous; and (illegible). Current magnetic resonance imaging studies were not noted. Her treatments have included 10 chiropractic treatments, acupuncture treatments, and modified work duties. The progress notes of 2/11/2015 reports increased range-of-motion to the cervical and thoracic spine, to follow-up with chiropractic (illegible) - 5 sessions remaining, and persistent (illegible). The physician's request for treatment included additional chiropractic treatments for the cervical, thoracic and lumbar spine, and the bilateral elbows and wrists; with exercise rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic - 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**Decision rationale:** The claimant presented with ongoing pain in the neck, back, elbows, and wrists. Previous treatments include chiropractic, acupuncture, and medications. While current evidences based MTUS guidelines do not recommend chiropractic treatment for the wrist, the claimant has completed 10 chiropractic treatments to date. Based on the guidelines cited, the request for additional 8 chiropractic visits is not medically necessary.