

<b>Case Number:</b>	CM15-0060434		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, 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 43 year old female, who sustained an industrial injury on 05/22/2014. She reported injury to her bilateral wrists. The injured worker was diagnosed as having bilateral wrist strain. Treatment to date has included medications, wrist brace, chiropractic, physiotherapy, MRI, electrodiagnostic studies and acupuncture. Currently, the injured worker complains of wrist pain and numbness and tingling of hands, stiffness of index and middle finger of left hand and pain along the forearms and arms and above the shoulder. Plan of care included chiropractic treatments to improve mobility of wrists. Currently under review is the request for chiropractic treatment for the bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the bilateral wrists, quantity 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation: Carpal Tunnel Syndrome (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant already did have chiropractic therapy of unknown duration and quantity with no documented functional improvement. Furthermore, chiropractic is not recommended for wrists. Therefore six further chiropractic visits are not medically necessary.