

<b>Case Number:</b>	CM15-0088705		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/22/2015
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male with a January 22, 2015 date of injury. A progress note dated April 22, 2015 documents subjective findings (constant sharp left wrist pain and weakness; tingling pain at the dorsal aspect), objective findings (left wrist range of motion within normal limits; swelling of the left hand and wrist; diminished range of motion of the fingers; wrist pain on extension, flexion, and lateral flexion with slightly diminished range of motion; sensorimotor exam is intact), and current diagnoses (left wrist strain; left hand and wrist crush injury). Treatments to date have included physical therapy, wrist brace, functional capacity evaluation, and medications. The treating physician documented a plan of care that included magnetic resonance imaging of the left wrist, range of motion testing, and chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 chiropractic manipulation:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in January 2015 and is being treated for left wrist pain. When seen, he was having wrist pain with tingling. Physical examination findings included decreased and painful range of motion and swelling of the hand and wrist. Prior treatments had included physical therapy with documentation of improvement after two treatment sessions. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm and is not recommended. Smaller studies have shown comparable effectiveness to other conservative treatments. The request is not medically necessary or appropriate.

**1 range of motion testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM).

**Decision rationale:** The claimant sustained a work injury in January 2015 and is being treated for left wrist pain. When seen, he was having wrist pain with tingling. Physical examination findings included decreased and painful range of motion and swelling of the hand and wrist. Prior treatments had included physical therapy with documentation of improvement after two treatment sessions. Guidelines address range of motion, which should be a part of a routine musculoskeletal evaluation. In this case, the claimant's primary treating provider would be expected to be able to measure range of motion of the upper extremities. Therefore, the requested separate testing is not medically necessary.