

<b>Case Number:</b>	CM14-0104885		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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. The expert reviewer is a licensed Chiropractor, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 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 52-year-old female who reported an injury 10/17/2013. The mechanism of injury was not provided within the medical records. A clinical note dated 02/18/2014 indicated wrist pain. Physical examination showed there was tenderness to palpation to the right wrist. The injured worker had a positive Tinel's sign on the left and the injured worker's prior treatments included medication management; the medication regimen included compound treatments. The provider submitted a request for chiropractic treatment, but the Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment at 3 times a week for 4 weeks bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The request for Chiropractic treatment 3 times a week for 4 weeks for bilateral wrists is not medically necessary. The California MTUS guidelines recommend that manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. There is lack of documentation indicating the injured worker has significant objective functional deficits. In addition, there is lack of documentation regarding a complete physical exam to evaluate for decreased functional ability, decreased range of motion, decreased strength and flexibility. However, Chiropractic Therapy is not recommended for the wrist. Therefore, the request for chiropractic treatment for bilateral wrists is not medically necessary.