

<b>Case Number:</b>	CM14-0127387		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 26-year-old female who has submitted a claim for wrist sprain associated with an industrial injury date of 03/13/2014. Medical records from 03/26/2014 to 05/02/2014 were reviewed and showed that patient complained of left wrist pain (pain scale grad not specified). Physical examination revealed tenderness over dorsum of left hand over 2nd and 3rd metacarpals and corresponding MCP joint knuckles, full ROM, decreased grip strength, and intact neurologic evaluation. X-ray of the left hand dated 03/26/2014 was unremarkable. Treatment to date has included physical therapy, cryotherapy, HEP, and pain medications. Utilization review dated 07/28/2014 denied the request for 12 chiropractic sessions left hand because the guidelines do not support manipulation for the extremities. Utilization review dated 07/28/2014 denied the request for Electromyography (EMG) Bilateral Upper Extremities because diagnosis should be based on NCS rather than EMG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of left wrist pain. Physical findings revealed intact neurologic evaluation. The patient's clinical manifestations were inconsistent with focal neurologic deficit to support EMG. Therefore, the request for Electromyography (EMG) Bilateral Upper Extremities is not medically necessary.

**12 chiropractic sessions left hand:** 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 & Manipulation Page(s): 59-60.

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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. The recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for other body parts other than low back. In this case, the patient complained of left wrist pain that prompted request for chiropractic care. However, the guidelines do not recommend chiropractic manipulation for body parts other than low back. Therefore, the request for 12 Chiropractic Sessions Left Hand is not medically necessary.