

<b>Case Number:</b>	CM14-0129551		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 licensed in Chiropractic and is licensed to practice in California. 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 claimant is a 61 year old female registered nurse with a date of injury of 8/27/2012 with diagnoses of right wrist sprain, right scapholunate interosseous ligament injury, status post right wrist surgery on 3/08/2013 and right ulnar impaction syndrome. Per a PR2 dated 7/21/14, the patient complained of right wrist weakness and difficulty with home activities such as grasping with vibratory objects such as weedwacker, but greatly improved grip strength after chiropractic treatment. Pain was rated at 0/10 to 1/10 and that myofascial release was performed by the chiropractor and has provided relief of wrist pain and allows work to be tolerated at (3) 8 hour days per week and 1 educational day. Objective findings were; well-healed scar, 8cm in the linear to ulnar aspect of the forearm, limited flexion/extension, palmar flexion to 70 degrees, dorsiflexion to 55 degrees, grip strength 5/5, right hand Jamar; 55,63,65 and left hand; 73,65,64. An MRI of the right wrist revealed: mild intermediate increased signal intensity present in portions of an otherwise intact-appearing triangular fibrocartilage complex (TFCC) with some distal surface irregularity, particularly along the more central portion of the complex. Findings may be posttraumatic or degenerative in nature. No evidence of scapholunate necrosis. There was a moderate degree of subchondral bony reactive changes along the proximal pole of the lunate. There were mild degenerative changes in the capitulum joint and in the radiocarpal joint as well as in the carpometacarpal joint. The major tendons and ligaments of the wrist were intact. There was a small amount of fluid in all three compartments. No soft tissue masses or ganglion cysts. The patient has completed 24/24 occupational (OT) hand therapy sessions and at least 12 chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 1 time per week for 12 weeks, for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (updated 02/18/14) Physical/Occupational therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 59.

**Decision rationale:** The request to appeal the previous denial of 1 times 12 chiropractic treatments remains not medically necessary. The patient has had at least 12 sessions of chiropractic which has improved her symptomatology and restored grip strength to near normal levels according to objective findings from the 7/21/14 PR2 report. California Medical Treatment Utilization Schedule pages 58 and 59 do not support the use of manipulation of the wrist as there are fewer high quality studies to prove its efficacy over other conservative therapies. Therefore, the request for 12 additional chiropractic treatments at 1 times 12 weeks remains not medically necessary.