

<b>Case Number:</b>	CM14-0155075		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 patient is a 38-year-old female born on [REDACTED]. On 02/11/2014, while at work washing the floor, she slipped and fell on her right side with her right arm under her. She presented for chiropractic care on 08/26/2014. She reported a slip and fall injury on 02/11/2014, after which she was taken to [REDACTED] where she was examined and x-rays were performed, which revealed a wrist fracture for which she was placed in a cast for about 3 months. The patient reported having been examined by an orthopedic surgeon and treating with medications and physical therapy. On 08/26/2014, she reported complaints of right wrist, right hand, right elbow, and right shoulder pain; as well as neck, upper back, and lower back pain. By examination, lumbar range of motion was restricted 30%-40%, cervical range of motion was restricted 70%-80%, there was antalgic position in the neck and upper back, and there was tenderness and muscle spasms with myofascial pain and trigger point more on the right. The following tests created lower back pain: Lasegue's, Patrick/Faber, Kemp, and leg raising and leg lowering test. Cervical compression, Soto Hall, cervical distraction and shoulder depression tests created neck and upper back pain. The patient is right-hand dominant and grip strength was 1 pound on the right on 3 attempts and 30 pounds on the left on 3 attempts. Upper extremity DTRs were reported normal. Upper extremity dermatomes were reported decreased on the right. Lower extremity DTRs were absent bilaterally and dermatomes were normal. Right shoulder examination revealed active ROM was restricted 70%-80%, passive motion was restricted to 90 with pain; positive supraspinatus press, resist Roos, and Apley tests; and weakness in muscles of the upper extremities. The right elbow was tender with muscle spasms and slight restriction, positive Tinel, and weak muscles. The wrist was tender, 50% restriction with pain, positive Phalen and Tinel with weak muscles, and slight swelling at the wrist. The patient was diagnosed with wrist sprain/strain, elbow sprain/strain, shoulder sprain/strain, cervical disc syndrome,

lumbar disc syndrome, radicular neuralgia, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, cervical segmental dysfunction, thoracic segmental dysfunction, and lumbar segmental dysfunction. The chiropractor requested authorization for the evaluation and treatment on 08/26/2014 and additional 6-8 visits. The question for review is regarding medical necessity of 6-8 chiropractic treatments to the right wrist from 08/26/2014 to 12/30/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic Treatments 6-8x (8/26/2014 to 12/30/2014) right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The request for 6-8 chiropractic treatment sessions (08/26/2014 to 12/30/2014) for the right wrist is not supported to be medically necessary. Regarding the right wrist, the patient presented for chiropractic care on 08/26/2014 with right wrist pain, and she was diagnosed with wrist sprain/strain. MTUS (Chronic Pain Medical Treatment Guidelines) does not support medical necessity for chiropractic treatment sessions for wrist complaints. MTUS reports manual therapy and manipulation are not recommended in the treatment of carpal tunnel syndrome or forearm, wrist, and hand complaints. Therefore, Chiropractic Treatments 6-8x (8/26/2014 to 12/30/2014) right wrist are not medically necessary.