

<b>Case Number:</b>	CM15-0003177		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California  
 Certification(s)/Specialty: Chiropractor

### 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 injured worker is a 30 year old female, who sustained an industrial injury on 1/15/2012. Progress report dated 12/05/2014 by the treating doctor revealed some improvement with chiropractic treatment, decreased spasm, increased ROM. The current diagnoses are cervical spine strain and left wrist tendonitis. Currently, the injured worker complains of cervical spine "pulsating pain", numbness, and tingling that radiated to left wrist. Treatment to date has included 12 sessions of chiropractic therapy and 39 physical therapy sessions. The claimant remained off-work. The treating physician is requesting additional 12 chiropractic visits, which is now under review. On 12/15/2014, Utilization Review had non-certified a request for additional chiropractic. The chiropractic was non-certified based on the date of injury, subsequent supervised therapy, and poor response. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 Times A Week for 6 Weeks (Total of 24 Chiropractic): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

**Decision rationale:** The claimant presented with ongoing neck and left wrist pain despite previous treatment with physical therapy and chiropractic. Although MTUS guidelines do not recommend chiropractic treatments for the wrist, the claimant had completed 12 chiropractic treatments to date. The current request for additional 12 chiropractic visits is not medically necessary based on MTUS guidelines for chiropractic treatment.