

<b>Case Number:</b>	CM15-0110627		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, Minnesota  
 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:

This 45 year old woman sustained an industrial injury on 3/18/2010. The mechanism of injury is not detailed. Diagnoses include musculoligamentous sprain of the cervical spine with upper extremity radiculitis, left upper extremity overuse syndrome, left shoulder tendinitis with possible internal derangement, left elbow epicondylitis, left carpal tunnel syndrome, left De Quervain's tendinitis, left thumb carpometacarpal joint inflammation, and cervical spine disc bulge. Treatment has included oral medications and physical therapy. Physician notes dated 5/1/2015 show complaints of left elbow, wrist, and thumb pain. Recommendations include tennis elbow band and neoprene thumb/wrist wrap, chiropractic therapy, continue use of ice, Naproxen, Omeprazole, Tizanidine, Tramadol, Ketorolac with lidocaine injection was given for relief of neck symptoms, and follow up in three to four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the neck, left elbow and wrist 2 times weekly for 8 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Also, according to the above guidelines manipulation of the elbow and wrist is not recommended. The doctor requested chiropractic for the neck, left elbow and wrist 2 times per week for 8 weeks. The doctor's request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary or appropriate.