

<b>Case Number:</b>	CM15-0114227		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Oriental Medicine

### 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 51 year old female, who sustained an industrial injury on February 28, 2014. Treatment to date has included MRI of the right elbow, MRI of the right thumb, physical therapy, medications, and work restrictions. Currently, the injured worker complains of pain in the right elbow and right thumb. She reports her thumb pain as sharp in nature and notes that it happens spontaneously. The injured worker notes that her right ring and small fingers have started to become numb. On physical examination, the injured worker has diminished sensation at the tip of the right small finger. The diagnoses associated with the request include right elbow strain and right thumb strain. The treatment plan includes chiropractic care and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2x6 weeks for the right elbow and right thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The 6/4/15 UR determination denied the treatment request for manipulation to the patient right elbow and right thumb, 12 sessions citing CAMTUS Chronic Treatment Guidelines. The request for manipulation of the elbow and wrist followed medical management of medications and physical therapy and the use of an elbow strap/brace. The medical records failed to support the initiation of manipulation to the elbow/thumb or comply with CAMTUS Chronic Treatment Guidelines that do not support manipulation of the thumb/elbow. The request is not medically necessary.