

<b>Case Number:</b>	CM15-0124122		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	10/21/2008
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 59 year old female who sustained an industrial/work injury on 10/21/08. She reported an initial complaint of pain to right ankle, left arm, lumbar spine, and bilateral wrists. The injured worker was diagnosed as having s/p right carpal tunnel release and bilateral hand arthralgia. Treatment to date includes medication, surgery (carpal tunnel release and ulnar nerve decompression at the wrist on 1/23/12, left elbow arthrotomy with synovectomy, left partial lateral epicondylectomy, secondary repair of the extensor carpi radialis brevis tendon, neuroplasty of the left radial sensory nerve in the forearm, neuroplasty of the left posterior interosseous nerve in the forearm, left supinator tenotomy, and right carpal tunnel release on 7/12/10), physical therapy, splints, and diagnostics. Currently, the injured worker complained of neck and bilateral hand complaints that remained consistent. Pain was rated 8/10 and reported as achy. There were frequent headaches associated with the neck pain. There was increased numbness and aching pain in the hands. Night braces were used. Per the primary physician's report (PR-2) on 4/17/15, exam noted antalgic gait, use of a right wrist brace, 4/5 strength in the bilateral upper extremities, incision to the left knee, lateral aspect of elbow, and palmar aspect of the left hand. There was ecchymosis over the right eye. The requested treatments include chiropractic to cervical spine and bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **8 Chiropractic to cervical spine and bilateral wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The Chronic Pain Medical treatment guidelines recommend manipulation for chronic pain. However, the guidelines do not recommend manipulation for the forearm, hand, and wrist. The provider requested chiropractic sessions to the cervical spine and bilateral wrist. Therefore, the provider's request is not medically necessary at this time because it includes chiropractic treatment of the hand. If the request is for the cervical spine, a trial of chiropractic care may be appropriate because there was no evidence of chiropractic treatments in the past.