

<b>Case Number:</b>	CM15-0074504		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 29 year old female, who sustained an industrial injury on March 18, 2013, injured her left knee after a fall. She was diagnosed with lumbosacral degenerative disc disease, left knee tendonitis, thoracalgia, bilateral wrist tenosynovitis and myositis. Treatment included pain medications, anti-inflammatory drugs, physical therapy, and electrical stimulation. Currently, the injured worker complained of low back pain, knee pain and right wrist pain. The treatment plan that was requested for authorization included four spinal manipulation of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) spinal manipulation 1x for 4 weeks on the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with right wrist pain, rated a 2/10. The request is for four (4) spinal manipulation 1x for 4 weeks on the right wrist. The provided RFA is dated 03/02/15 and the date of injury is 03/18/13. The diagnoses include bilateral wrist tenosynovitis. Per 03/20/15 report, physical examination of the right wrist revealed tenderness of the navicular on both sides and Phalen's is negative. Treatment included pain medications, anti-inflammatory drugs, physical therapy, and electrical stimulation. Current medication is Anaprox, per 03/20/15 report. The patient's work status is not provided. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided reason for the request. Treatment history has been provided and there is no mention patient has had chiropractic treatment in the past. An initial trial of 4 visits would be reasonable. However, treatment to the wrists is not supported by MTUS. Therefore, the request is not medically necessary.