

<b>Case Number:</b>	CM15-0093469		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	07/14/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Chiropractic

### 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 23 year old female, who sustained an industrial injury on 7/14/2014. She reported swelling in her right hand/wrist from repetitive use. The injured worker was diagnosed as having tendonitis right wrist, tendonitis right forearm, overuse syndrome of right upper extremity, and de Quervain's tendinitis of right wrist. Treatment to date has included medications, x-rays, and modified duty, thumb/wrist brace/support. The request is for chiropractic treatment of the lower arm and wrist. On 1/21/2015 she complained of soreness of the right wrist and hand. She is noted to have tenderness over the flexor tendons of the right wrist, and a positive Phalen's test. The treatment plan included therapy, surgery, electrodiagnostic studies, and Celocoxib. On 2/11/2015, she had electrodiagnostic studies, which revealed no evidence of neuropathy or radiculopathy. On this date she complained of right arm pain, swelling, numbness, tingling, and weakness. She described the pain as sharp, aching, burning, and shooting. Physical examination revealed a positive Adson's and Spurling test and limited cervical spine range of motion, full range of motion of the upper extremities with a diminished sensation in the right 1-3 digits. On 3/4/2015, she had continued complaint of the right wrist/arm pain, additionally she complained of neck pain with radiation into the right shoulder, and right elbow pain with swelling, popping and tenderness. She had a positive Tinel's test. The treatment plan included: chiropractic treatment, 8 additional sessions to the lower arm/wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the lower arm/wrist, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** According to the UR review notes in the records provided the patient has already completed 11 sessions of chiropractic care to the upper extremities. However, the treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The past chiropractic treatment notes are not present in the materials provided for review. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Forearm, Wrist and Hand Chapter does not recommend manipulation. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS does not recommend manipulation for the hand and wrist. No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the 8 additional chiropractic sessions requested to the lower arm/wrist to not be medically necessary and appropriate.