

<b>Case Number:</b>	CM13-0031377		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year old with a date of injury of 2/17/10. He is status post right carpal tunnel release surgery. He had ongoing complaints of right hand pain and received chiropractic care. He was seen by his secondary treating physician on 9-3-13 and complained of persistent right hand and wrist pain with weakness and tingling of his hand. He had completed 12 sessions of chiropractic rehabilitation. He was noted to have better strength and range of motion with increased activities of daily living since therapy. His physical exam showed normal wrist range of motion. His surgical wounds were well healed. He had a negative Phalen's sign but had pain in the flexor musculature of the right forearm with active trigger points. 12 additional sessions of chiropractic care were requested and are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC/PHYSIOTHERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT HAND AND RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** Chiropractic or Manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Maximum duration is said to be 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care provided improvements in strength, range of motion and function. The records do not support the medical necessity of an additional 12 session's chiropractic therapy as there is no clear evidence that additional benefit will be achieved. Therefore the request is not medically necessary.