

<b>Case Number:</b>	CM13-0033276		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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.

### 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 patient is a 38-year-old female who reported an injury on 03/24/2010. The injury was noted to have occurred when the patient was attaching a component to a water system. The patient has been diagnosed with bilateral carpal tunnel syndrome. Her symptoms include right shoulder, elbow, and wrist pain, as well as left wrist pain. Her physical exam findings include tenderness to palpation over the palmar aspects of the wrists and the hands, positive Phalen's, Tinel's, and Finkelstein's test bilaterally, and decreased motor strength to 4/5 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by certain musculoskeletal conditions. However, the guidelines specify that manual therapy and manipulation is not recommended in the treatment of carpal tunnel syndrome or for use with condition of the forearm, wrist, or hand. As this type of treatment is not recommended to treat carpal tunnel syndrome, the request is not supported. As such, the request is non-certified.

