

<b>Case Number:</b>	CM13-0034546		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 chiropractic, 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. 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:

According to the available medical records, this is a 49 year old female patient with chronic bilateral hand and wrist pain, date of injury cumulative from 01/27/2011 to 01/27/2012. Previous treatments include wrists braces, medications, right carpal tunnel release surgery 04/11/2012, acupuncture, physical therapy, occupational therapy and chiropractic. Progress report dated 08/23/2013 by [REDACTED] revealed intermittent moderate dull, achy, sharp right shoulder pain, stiffness, tingling and weakness, associated with pushing, pulling repetitively and overhead reaching, intermittent dull, achy left wrist pain, numbness, tingling and weakness, associated with grabbing/grasping, gripping and squeezing, dull, achy right wrist pain, stiffness, numbness, tingling and weakness, associated with grabbing/grasping, gripping and squeezing; right shoulder ROM decreased and painful, +3 tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder and supraspinatus, Supraspinatus press is positive, left wrist ROM are painful, +3 tenderness to palpation of the lateral wrist and volar wrist, phalen's is positive, right wrist ROM are painful, +3 tenderness to palpation of the lateral wrist and volar wrist, phalen's is positive; diagnoses: right shoulder internal derangement, right shoulder myospasm, right shoulder pain, right shoulder sp/st, left carpal tunnel syndrome, left wrist pain, left wrist sp/tp, right carpal tunnel syndrome, right wrist pain, right wrist sp/st.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 initial chiropractic therapy for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 203.

**Decision rationale:** CA MTUS guidelines do not recommend chiropractic manipulation for carpal tunnel syndromes, wrist or hand pain. ACOEM guidelines recommend manipulation as effective for patients with frozen shoulders, the period of treatment is limited to a few weeks. Therefore, the request for 18 chiropractic treatments is NOT medically necessary.