

Case Number:	CM13-0042847		
Date Assigned:	12/27/2013	Date of Injury:	02/17/2010
Decision Date:	04/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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 licensed in Chiropractor, and is licensed to practice in Texas. 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 patient is a 45-year-old male who reported an injury on 02/17/2010. The mechanism of injury was noted to be lifting. His diagnoses include bilateral carpal tunnel syndrome, status post right carpal tunnel release on 06/09/2011, status post right hand cyst removal, and status post right trigger thumb release on 03/18/2012. The patient's symptoms are noted to include numbness in the right hand as well as left hand pain with spasms during the night. The patient also reported difficulties with full extension and flexion of the left digits. His physical examination revealed thenar atrophy of the muscles of the left thumb, a positive Tinel's sign over the left wrist with radicular pain to the 2nd, 3rd, and 4th digits, a positive Durkan's test of the left hand and wrist with numbness in the 2nd, 3rd, and 4th digits of the left hand, and a positive Phalen's test on the left wrist. The patient's most recent clinical note dated 10/25/2013 indicates that the patient's treatment plan should include a left carpal tunnel release surgery followed by postoperative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC WITH PHYSIOTHERAPY 3 X WK X 4 WKS RIGHT WRIST:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUEL THERAPY & MANIPULATION Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUEL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation may be recommended for patients with chronic pain if related to musculoskeletal conditions and used as an adjunct to a therapeutic exercise program in order to facilitate functional progression. The clinical information submitted indicates that the patient has been treated previously with chiropractic care, therapeutic exercise, and acupuncture. However, the California MTUS Guidelines specifically state that manual therapy and manipulation is not recommended in the treatment of carpal tunnel syndrome or for treatment of forearm, wrist, or hand conditions. In addition, the clinical information submitted for review failed to provide specific measurable objective functional gains made with previous chiropractic visits and details including the number of visits completed. Furthermore, the most recent clinical note provided dated 10/25/2013 failed to show evidence of any objective functional deficits related to the right wrist at this time. For the reasons noted, the request is non-certified.