

<b>Case Number:</b>	CM13-0042880		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractics 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 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 claimant is a 60-year-old male who was involved in a work injury on 9/4/2012. The injury was described as a repetitive trauma injury to his right forearm, wrist, and hand. The claimant underwent a course of physical therapy and medication. EMG/NCV testing of the upper extremity revealed evidence consistent with a mild right carpal tunnel syndrome. On 5/29/2013 the claimant underwent an initial chiropractic examination with [REDACTED], upon referral from [REDACTED], pain management specialist. The claimant was evaluated and diagnosed with carpal tunnel syndrome. On 9/18/2013 the claimant was reevaluated by [REDACTED]. It was noted that the claimant "returns to [REDACTED] with history of chronic right hand and wrist pain secondary to carpal tunnel syndrome. When last in the office, the patient was encouraged to see the orthopedic surgeon. A referral was made for him. Today, patient states that he has not gone to see the orthopedic surgeon but had continued with his chiropractic treatments and other conservative therapy. Today, the patient states that he has been hesitant just because some of the friends that he knows that have had carpal tunnel surgery have still had continued pain after the procedure. However, patient states that he is now prepared to see the orthopedic surgeon and to possibly have the surgery done as he is tired of having the same amount of pain." The claimant was diagnosed with carpal tunnel syndrome the right wrist, and low back pain. The recommendation was for an orthopedic evaluation of the right wrist. On 10/2/2013 [REDACTED] submitted and RFA in which he requested a referral to orthopedics and referral to chiropractic. A request for 12 sessions of chiropractic treatment was submitted and denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care, # 12 between 10/4/2013 and 11/3/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS chronic pain treatment guidelines, page 58, indicate that manipulation for carpal tunnel syndrome is "not recommended." The requested 12 treatments are not consistent with this guideline. Moreover, ██████████ noted in his 9/18/2013 report that the claimant "had continued with his chiropractic treatment and other conservative therapy." This indicates the claimant has undergone a course of chiropractic treatment prior to this request with no evidence of functional improvement. In fact, the claimant is now "prepared to see the orthopedic surgeon and to possibly have the surgery done as he is tired of having the same amount of pain." This clearly indicates that the prior course of chiropractic treatment had failed to bring about lasting improvement. Therefore, consistent with MTUS guidelines, the medical necessity for the requested 12 chiropractic treatments was not established.