

<b>Case Number:</b>	CM13-0043568		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/16/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Chiropractic Medicine, 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:

According to the available medical records, this is a 55-year-old patient with chronic neck and right wrist pain, date of injury April 16, 2003. Previous treatments include medications, acupuncture, chiropractic, injection, physical therapy, right flexor tenosynovectomy and right carpal tunnel release. Progress report dated September 11, 2013 by the treating doctor revealed persistent neck and right wrist pain. On physical examination, there is cervical paraspinal muscle tenderness, muscle spasm and guarding, ROM restricted. She can flex her neck to a point where her chin within one fingerbreath of her chest and extend to 30 degrees. Right wrist exam noted patient can dorsiflex to 60 degrees and volar flex to 60 degrees. There is swelling. There is a well-healed surgical scar. There is evidence of allodynia. Diagnoses include multi-level cervical disc desiccation and bulging with facet syndrome, right shoulder impingement syndrome, left carpal tunnel syndrome, right knee pain, lumbar strain, depression, status post right carpal tunnel release, insomnia and headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEN (10) CHIROPRACTIC MANIPULATION SESSIONS FOR THE CERVICAL SPINE AND RIGHT WRIST:** 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 Chronic Pain Section Page(s): 58-59.

**Decision rationale:** While Chronic Pain Medical Treatment Guidelines do recommend a trial of six chiropractic visits over two weeks for chronic low back pain, with evidence of functional improvement; the guideline do not recommend chiropractic manipulation for carpal tunnel syndrome. Therefore, the request for ten chiropractic manipulation sessions for the cervical and wrist is not medically necessary or appropriate.