

<b>Case Number:</b>	CM13-0043574		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/18/2013
<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 Orthopedic Surgery 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 injured worker is a 33-year-old female who reported an injury on 01/08/2008 due to unknown mechanism. The injured worker was diagnosed with bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, and right shoulder superior glenoid labrum tear. The injured worker received carpal tunnel release, internal neurolysis, a tenosynovectomy, and a distal forearm fasciotomy on 07/23/2013. Post surgically she received 10 sessions of physical therapy. Pain to the affected areas remained the same with tingling feelings to fingers bilaterally ceasing. The injured worker performs range of motion and activities of daily living with a presentation of unspecified pain. A Request for Authorization for 12 weeks of chiropractic care was signed and dated on 10/14/2013. The rationale is the additional physical medicine will aid improvements in condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 CHIROPRACTIC TREATMENTS:** Upheld

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

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

**Decision rationale:** The request for 12 chiropractic sessions is non-certified. The California MTUS Manual Therapy guidelines recommend this modality of treatment if it is caused by musculoskeletal pain. The goal of manual therapy is to achieve subjective and objective improvements in function and exercise sessions allowing the injured worker to return to their place of employment. The MTUS guidelines does not approve of manual therapy for carpal tunnel syndrome, wrist, hand and forearm. The post-surgical physician documentation indicated no such improvements. The nature of pain was not diagnosed as specifically being musculoskeletal in nature. As such, the request is not medically necessary.