

Case Number:	CM13-0043671		
Date Assigned:	06/09/2014	Date of Injury:	10/01/2005
Decision Date:	07/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/26/2013

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 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 42-year-old female patient with chronic wrists pain, date of injury 10/01/2005. Previous treatments include medications, bilateral wrist carpal tunnel release surgeries, physical therapy, chiropractic, massage, acupuncture and home exercise. The evaluation report dated 09/09/2013 by the requesting doctor revealed mild to moderate frequent pain in her shoulders traveling to her bilateral arms, mild-moderate frequent pain and tingling in her wrists traveling to her bilateral arms, constant moderate to severe neck pain, constant moderate to severe lower back pain and tingling. Physical exam revealed moderate tenderness at the right wrist, pain on both wrists in Phalen's test, surgical scars noted on both wrists, range of motion of the right wrist decreased. Cervical spine exam is within normal limits. The diagnoses include status post right carpal tunnel release. The treatments request include chiropractic and physiotherapy three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the cervical and right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic treatment for low back pain.

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

Decision rationale: The CA MTUS guidelines recommended manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. However, the CA MTUS guidelines do not recommend chiropractic treatment for carpal tunnel syndrome. This patient presented with post-op right carpal tunnel release procedure which she already been authorized for 12 post-op physical therapy visits per utilization review letter dated 08/26/2013 and her cervical exam is unremarkable. The request is not in accordance with the CA MTUS guidelines recommendation; therefore, the request for chiropractic treatment to the cervical and right wrist is not medically necessary.