

Case Number:	CM13-0050187		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2010
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 reported an injury on 12/08/2010. The mechanism of injury was repetitive motion. Her diagnoses include bilateral carpal tunnel syndrome, elbow and forearm sprain/strain bilaterally, and ulnar neuropathy. Her symptoms include pain in her left thumb and left wrist along with decreased range of motion, swelling in her left arm, numbness and tingling in her left hand, painful gripping/grasping with her left hand and burning sensations in her right hand. Her objective findings included positive Tinel's and Phalen's test bilaterally, decreased left hand grip, tenderness of the left thumb, and a positive Finklestein's test on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2XWK X 4WKS BOTH WRISTS AND FOREARMS: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, manual therapy may be recommended for chronic pain caused by musculoskeletal conditions to promote functional progression. However, the guidelines specify that manual therapy manipulation is not

recommended in the treatment of carpal tunnel or for other forearm, wrist, and hand conditions. Therefore, the request for chiropractic care for both wrists and forearms is not supported. As such, the request is non-certified.