

Case Number:	CM13-0051073		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2013
Decision Date:	02/14/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Licensed in Chiropractic care, has a subspecialty in Chiropractic Sports 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:

The patient is a 27 year old male who reported on 2/19/13 having left wrist pain radiating to the left forearm, hand and fingers with numbness and tingling sensation. Pain increases with activity. Insomnia due to pain from the wrist. 6/10/13 exam reveals a positive carpal tunnel syndrome. Palpation produces pain of the left carpal bones. There is decrease sensation of 1st, 2nd, 3rd digits. No mechanism of injury reported. Previous treatment reported by the nurse case manager was 8 chiropractic visits and 8 acupuncture visits. 6/10/13 visit with the medical doctor revealed a loss of left grip strength with the Jamar as well as a decreased left wrist range of motion. After 6/10/13 visit no other exams revealed Jamar results or range of motion results. Modified work restrictions of no use of the left hand. On 8/12/13 a MRI of the left wrist and hand were taken. The left wrist with flexion and extension was completed by [REDACTED] revealed the following: 1) subchondral cyst erosion at the trapezoid and base of the second metacarpal, 2) small radiocarpal joint effusion. MRI of the left hand revealed the following: 1) small cyst erosion is seen at the base of the second metacarpal and the trapezoid. Chiropractic treatment was request for 2 x per week for 6 weeks of the left wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic treatment on the left wrist and hand, twice per week for six weeks: 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 Page(s): 58-59.

Decision rationale: Per the MTUS Chronic Pain Medical Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manipulation for carpal tunnel syndrome as well as the forearm, wrist and hand is not recommended. Also there is not documented functional improvement with the previous manipulative treatment. The request for chiropractic treatment on the left wrist and hand, twice per week for six weeks, is not medically necessary or appropriate.