

<b>Case Number:</b>	CM13-0051421		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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:

Patient is a 61-year-old who sustained an injury to the right wrist, hand and fingers on March 15, 2012 while performing her duties as a housekeeper. The subjective complaints according to the PTP's (primary treating physician's) report are "right wrist pain dull aches intermittently t/o the day with soreness and tenderness. Pain increases with certain movements/activities. Pain extends in the right forearm. Still has some appreciable stiffness along the 4th and 5th fingers of the left hand but much improved N & T. Still has some appreciable tenderness and soreness of the ventral hand from wrist to palm. There is still some tendon pain on the fifth finger with clicking fifth finger-right hand." The patient has been treated with medications, physical therapy, splinting, exercises, TENS (transcutaneous electrical nerve stimulation) unit, injections and chiropractic care and is status post-surgery (carpal tunnel syndrome). The diagnoses assigned by the treating physician are right wrist sprain/strain, trigger finger acquired, carpal tunnel syndrome, muscle weakness and elbow/forearm sprain/strain. X-Ray study of the right wrist is unremarkable. An EMG (electromyography) study of the wrists has revealed a normal study. However, an NCV (nerve conduction velocity) study has been positive for carpal tunnel syndrome, per records provided. Ultrasound the bilateral hand and wrist has been unremarkable. MRI of the wrist has revealed "possible tear of the fibrocartilage of the triangular ligament." MRI of the right hand has shown possible partial tear of the triangular fibrocartilage. The PTP is requesting for 4-8 additional sessions of chiropractic care to the right wrist and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE 4-8 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter Manipulation Section.

**Decision rationale:** This is a chronic case with a date of injury of March 15, 2012. According to the records provided for review the patient has undergone right wrist carpal tunnel release surgery. The Postsurgical Treatment Guidelines are silent on the issue of chiropractic care post carpal tunnel release/ surgery, however, the Postsurgical Treatment Guidelines, for carpal tunnel syndrome, recommend postsurgical physical medicine treatment open for a period of three to eight visits over three to five weeks. The patient has already been treated with chiropractic care in the past for her wrist and hand. The patient also suffers from trigger finger not related to carpal tunnel syndrome. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. In the absence of surgery manipulation is not recommended for the wrist, hand or fingers. Furthermore, objective functional improvement has not been shown with past chiropractic care. The request for chiropractic care, four to eight visits, is not medically necessary or appropriate.