

Case Number:	CM13-0057908		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2013
Decision Date:	05/02/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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 licensed 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 injured worker is a 54-year-old female who reported an injury on 05/15/2013, as a result of repetitive work activity. The injured worker is diagnosed with bilateral carpal tunnel syndrome, wrist sprain and strain, and rule out cervical involvement. The injured worker was evaluated on 12/05/2013. The injured worker reported persistent pain in bilateral forearms with numbness and tingling to all digits of bilateral hands. The injured worker also reported cervical spine pain with radiation to the left upper extremity. Physical examination revealed positive bowstring and Tinel's testing, positive cervical compression testing, and decreased cervical range of motion. Treatment recommendations included continuation of current chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHIROPRACTIC TREATMENT TO TEH BILATERAL HANDS, TWICE PER WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58,98-99.

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

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for if caused by a musculoskeletal condition. Treatment for the forearm, wrist, and hand is not recommended. Therefore, the current request cannot be determined as medically appropriate. As such, the request for outpatient chiropractic treatment to the bilateral hands, twice per week for three weeks is non-certified.