

Case Number:	CM13-0067998		
Date Assigned:	06/11/2014	Date of Injury:	11/18/2011
Decision Date:	07/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 52-year-old female who sustained an industrial injury on 11/18/11 and is diagnosed with right wrist carpal tunnel syndrome and right wrist de Quervain's tenosynovitis. The mechanism of injury was not provided. A request for right carpal tunnel release was certified at utilization review on 11/18/13. A request for six (6) postoperative chiropractic physiotherapy sessions was modified to allow for six (6) sessions of postoperative physical therapy. The reviewing physician noted that postoperative therapy would be appropriate given the surgery has been certified; however, the guidelines do not recommend chiropractic manipulation for the wrist, and therefore the request was modified to allow for six (6) sessions of physical therapy. The previous treatment has included physical therapy, medications, injections, chiropractic treatment, and surgery. An electrodiagnostic/nerve conduction study performed on 03/11/13, reportedly revealed evidence of severe right carpal tunnel syndrome affecting the sensory and motor component. An MRI of the right elbow performed on 03/05/13 reportedly showed mild common extensor tendon origin tendinosis and minimal osseous degenerative spurring without acute ligamentous or osseous abnormality. An MRI of the right wrist performed on 03/05/13 reportedly showed features of carpal tunnel syndrome suggested. Small volar radiocarpal synovial/ganglion cyst were suggested. Scattered carpal bone cystic changes were seen with minimal intercarpal effusion and synovitis. A negative ulnar variance is seen with distal radial ulnar degenerative change. An operative report dated 02/12/14, indicates that the patient underwent a right carpal tunnel surgical release. The most recent progress report provided for review is dated 05/06/14, and notes subjective complaints of ongoing right shoulder, right elbow and right hand/wrist complaints. The patient reported hand/wrist has improved slightly. She has now had seventeen (17) sessions of chiropractic therapy to the right wrist/hand, which per the patient, has provided minimal pain relief. The patient continues to report pain levels of 7/10 at

the right shoulder and 6/10 at the right elbow. She uses a right wrist brace for support. She is taking tramadol extended-release (ER) 150 mg once per day, Docuprene 100 mg one (1) per day, and Prilosec one (1) per day. She reports medications help decrease pain and improve function. She also is using Terocin patches, which per the patient helped reduce her oral medication intake. The right hand and wrist examination revealed a surgical incision that is well healed. The range of motion is decreased in every plane. The range of motion causes pain; however, over deviation is the most severe causing pain in the radial aspect of the wrist. There is tenderness to palpation over the radial aspect of the wrist and forearm. The grip strength is 4/5. The Finkelstein is exquisitely positive. The treatment plan was to refill medications and follow-up in six (6) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) postoperative chiropractic physiotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Guidelines indicate that chiropractic therapy/manual therapy and manipulation for carpal tunnel syndrome is not recommended. The records in this case notes that the patient was certified for right carpal tunnel release surgery and the request was for six (6) postoperative chiropractic treatment sessions. Although postoperative rehabilitation would be appropriate with six (6) sessions of physical therapy, the guidelines specifically do not recommend chiropractic manipulation for carpal tunnel syndrome. Despite the prior non-certification, the patient appears to have undergone seventeen (17) sessions of chiropractic treatment following surgery, without relief. Given guidelines are not supportive of this treatment modality for carpal tunnel syndrome, the request is not medically necessary.