

Case Number:	CM13-0070001		
Date Assigned:	01/22/2014	Date of Injury:	03/12/2013
Decision Date:	05/22/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 45 year old female who sustained an injury to both wrists on 3/12/2013 as a result of performing repetitive gripping, grasping and arm movements as a housekeeper. The subjective complaints per specialty physician's report are bilateral wrist pain with numbness and tingling. Patient has been treated with medications, physical therapy, splinting, exercises, TENS unit, injections and chiropractic care. The diagnoses assigned by the treating physician are bilateral carpal tunnel syndrome, left wrist pain, left wrist sprain/strain, right wrist pain and right wrist sprain/strain. X-Ray study of the right wrist is unremarkable. EMG study of the wrists has revealed a normal study, however, NCV study of the wrists has been positive for carpal tunnel syndrome, per records provided. MRI of the left wrist has revealed "possible tear of the fibrocartilage of the triangular ligament." MRI of the right wrist has shown mild osteonecrosis of carpal bones and mild enlargement of the median nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC SESSIONS FOR THE WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist Chapter.

Decision rationale: Per the records provided for review the patient completed pre-op procedures for carpal tunnel release surgery but it is indicated from the records that she did not have carpal tunnel release. There are no operating reports in the materials provided for review. MTUS Postsurgical Treatment Guidelines are silent on the issue of chiropractic care post carpal tunnel release/ surgery, however, the MTUS Postsurgical Treatment Guidelines, for carpal tunnel syndrome, recommend postsurgical physical medicine treatment open for a period of 3-8 visits over 3-5 weeks. 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. Furthermore, objective functional improvement has not been shown with past chiropractic care. I find that the 8 chiropractic sessions to right wrist to not be medically necessary and appropriate.