

<b>Case Number:</b>	CM13-0070407		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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:

The patient is a 30 year old male who was injured on 2/4/13. The patient has right wrist pain. The mechanism of injury is unknown. Prior treatment history has included physical therapy three times a week for two weeks, hot/cold packs, and cortisone injection performed to the right wrist. In reviewing the documentation provided, there is minimal information prior to 24 visits of chiropractic care, and medication therapy, including Relafen 750mg. Diagnostic studies reviewed include neurodiagnostic tests performed 8/21/13 revealed motor and sensory nerve conduction studies and F-waves were unremarkable; needle electromyogram was normal. A clinic note dated 9/3/13 documented that the patient remains symptomatic with numbness and tingling. She continues to have full range of motion, but tenderness on the volar aspect of both wrists with a positive Tinel's and Phalen's sign. A clinic note dated 10/2/13 documented that the patient remains symptomatic with numbness and tingling. She has grip strength of 10 pounds on the right and 15 pounds on the left. Objective findings on exam revealed positive Tinel's and Phalen's sign; two point discrimination is 7mm involving her thumb through long finger. The patient was diagnosed with carpal tunnel syndrome and volar wrist tendinitis. A clinic note dated 10/23/13 documented that the patient remains symptomatic with numbness and tingling. She has grip strength of 10 pounds on the right and 15 pounds on the left. Objective findings on exam revealed positive Tinel's and Phalen's sign; two point discrimination is 7mm involving her thumb through long finger. The patient was diagnosed with carpal tunnel syndrome and volar wrist tendinitis. A clinic note dated 11/26/13 documented the patient to have complaints of continued tingling and numbness in both hands. Objective findings on exam revealed positive Tinel's and Phalen's sign and Durkin's sign bilaterally. She has grip strength of 10 pounds on the right and 15 pounds on the left. A clinic note dated 12/5/13 documented the patient to have complaints of left hand tingling and numbness. Objective findings on exam revealed positive Tinel's and Phalen's

and Durkin's sign on the left, mildly positive Tinel's sign and negative Durkin's sign on the right. She has grip strength of 20 pounds on the right, 15 pounds on the left.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic Twice A Week For Four Weeks For The Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** This patient's records reflect a previous series of 24 chiropractic treatments to her thoracic spine. The records also indicate a glaring lack of any functional improvement, measurable gains or positive symptomatic gains as required per the California MTUS guidelines. Therefore, the request for further chiropractic sessions for the thoracic spine is denied.