

Case Number:	CM13-0071975		
Date Assigned:	04/02/2014	Date of Injury:	04/01/2010
Decision Date:	05/28/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 46-year-old female who reported an injury on 04/01/2010. The diagnosis is carpal tunnel syndrome. The specific mechanism of injury was not provided. The injured worker underwent carpal tunnel surgery in the right wrist. The documentation of 12/11/2013 revealed the injured worker continued to have numbness, swelling, stiffness, and pain in the right forearm, wrist, and hand. The left forearm, wrist, and hand were swollen and stiff with numbness and tingling in the entire hand and in all fingers. The objective findings included swelling, diminished range of motion, tenderness to palpation of the bilateral wrists, forearms, and hands. The injured worker had a positive Tinel's and Phalen's on the left. The treatment plan included chiropractic manipulative treatment to the wrists, hands, and forearms times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATIVE TREATMENTS FOR THE WRISTS, HANDS AND FOREARMS TIMES 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California MTUS Guidelines do not recommend manipulation for the forearm, wrist, and hand. In this case, there is lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for chiropractic manipulative treatments for the wrists, hands, and forearms times 6 is not medically necessary.