

<b>Case Number:</b>	CM13-0072071		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/02/2006
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in Chiropractic, has a subspecialty in Chiropractic Sports 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 physician 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 58 year old female injured on 04/02/2006. She injured her left wrist with radiating pain into her elbow with decreased left grip strength. The injured worker is a night auditor and desk clerk. She was injured while working through a stack of papers and repetitively punching holes in the papers to put into folders. The pain keeps her awake at night and she has difficulty with lifting and pushing activities. Treatment has consisted of physical therapy, home exercise program, medications and night time splints. She has had previous left carpal tunnel surgery on 03/17/1997. On 7/12/2006 EMG/NCV studies were normal. On 10/10/2006 MRI of the left wrist reveals that the triangler fibro cartilage complex is intact. On 7/16/2007 MRI of the left wrist reveals mild subchondral cystic change at the ulnar aspect of the proximal lunate, may be seen in the setting of the ulnar abutment. On 10/27/12 and AME exam revealed the following diagnosis: left wrist tendonitis, flexor carpi ulnaris tendonitis with probable ulnar neuropathy. The doctor is requesting chiropractic treatment x 6 of the left wrist. No prior chiropractic treatment was revealed in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 6 sessions with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation of the carpal tunnel syndrome, forearm, wrist and hand is not recommended. Therefore this request is denied