

<b>Case Number:</b>	CM14-0000882		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Occupational 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:

The patient is an employee of [REDACTED] and has filed a claim for carpal tunnel syndrome associated with an industrial injury date of January 1, 2012. The utilization review from December 12, 2013 denied the request for chiropractic manipulation, physiotherapy, massage therapy and therapeutic exercise. Reasons for denial were not made available. The treatment to date has included chiropractic sessions x6. Medical records from 2013 were reviewed showing the patient complaining of pain and numbness in the right hand. There is also pain in the palm and wrist areas. The patient has had chiropractic treatment in the past but no reports of outcome. Objectively, the patient demonstrates normal range of motion for the wrists, digits, and elbows. Phalen's and Tinel's test was negative for the bilateral upper extremities. There was some tenderness with compression test for carpal tunnel syndrome. An examination of the ulnar nerve was negative. Grip strength was unremarkable. The diagnosis in the December 2013 progress note was a questionable carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC MANIPULATION, PHYSIOTHERAPY, MASSAGE THERAPY AND THERAPEUTIC EXERCISES THREE TIMES A WEEK FOR FOUR WEEKS FOR THE CERVICAL SPINE AND RIGHT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As stated in page 58 of the California MTUS Chronic Pain Medical Treatment Guidelines, chiropractic care is recommended for chronic pain caused by musculoskeletal conditions; it is not recommended for upper extremity complaints. Page 46-47 of the California MTUS recommends exercise in general. Page 60 of the California MTUS Chronic Pain Medical Treatment Guidelines states that massage therapy is recommended as an option and as an adjunct to other recommended treatment such as exercise. As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient complains of pain and numbness in the right hand. The patient has had previous chiropractic sessions but there was no documentation concerning functional gains such as increased ability to perform activities of daily living; chiropractic care for the upper extremity is also not recommended. In addition, the clinical exam arrived at a diagnosis of a questionable carpal tunnel syndrome due to minimal - no significant objective findings on physical exam. As such, the exact functional deficits the patient has is relatively unclear. Therefore, the request for chiropractic manipulation, physiotherapy, massage therapy and therapeutic exercise is not medically necessary.