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| <b>Case Number:</b>   | CM14-0002680 |                              |            |
| <b>Date Assigned:</b> | 01/29/2014   | <b>Date of Injury:</b>       | 11/05/2012 |
| <b>Decision Date:</b> | 06/16/2014   | <b>UR Denial Date:</b>       | 12/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/07/2014 |

### 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 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 female, born on 05/30/1957. She has a date of injury of 11/05/2012. While working as a clerk, she gradually developed pain, numbness and weakness at the right arm and wrist. The patient was treated with physical therapy on twenty-one (21) occasions from 03/15/2013 through 07/15/2013. The patient underwent hand and upper extremity evaluation on 08/19/2013. The patient had reportedly failed all conservative measures. With the exception of positive Tinel's, Phalen's, and Durkan's tests, the physical examination was essentially negative. She was diagnosed with resolved right de Quervain's syndrome and rule out carpal tunnel syndrome. The patient was to return to work with no restrictions. Electrodiagnostic studies on 09/20/2013, revealed entrapment neuropathy of the right median nerve (carpal tunnel syndrome), otherwise essentially negative study. The patient presented for medical care on 10/10/2013, with complaints of bilateral wrist pain from extensive typing and neck pain due to a lot of phone answering. No measured objective factors were reported. The patient was capable of performing usual work duties. On 10/14/2013, the patient was prescribed numerous pharmacologic agents. The patient underwent orthopedic re-evaluation on 10/31/2013. She reported persistent pain in the neck, bilateral shoulders and bilateral wrists. Examination revealed paravertebral cervical spine tenderness and upper trapezius muscle spasm, painful and restricted cervical ranges of motion without degrees of motion reported, and C6 and C7 dysesthesia. Tenderness was noted in the shoulders bilaterally with pain at terminal motion. Bilateral wrist tenderness and pain with terminal flexion, positive Tinel's and Phalen's signs, and dysesthesia were noted. The patient was diagnosed with cervical discopathy, carpal tunnel/double crush syndrome, and rule out internal derangement bilateral shoulders. Physiotherapy chiropractic care, one-to-two (1-2) times per week for the next four weeks, was recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC SESSIONS 2 TIMES PER WEEK FOR 4 WEEKS, IN TREATMENT OF THE CERVICAL, THE BILATERAL SHOULDERS, THE BILATERAL HANDS AND WRISTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANNIPULATION, Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION, Page(s): 58-59.

**Decision rationale:** The Chronic Pain Guidelines support a six (6)-visit trial of manual therapy and manipulation over two (2) weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. Manual therapy and manipulation are not recommended in the treatment of forearm, wrist, and hand conditions. With evidence of objective functional improvement with care during the six (6)-visit treatment trial, a total of up to eighteen (18) visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if return to work (RTW) then one to two (1-2) visits every four to six (4-6) months. The request for eight (8) chiropractic treatment sessions over four (4) weeks exceeds guidelines recommendations and is not supported. The request for chiropractic treatment (manual therapy & manipulation) at a frequency of two (2) times per week for four (4) weeks is not supported to be medically necessary.