

<b>Case Number:</b>	CM14-0102430		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 licensed 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:

According to the available medical records, this is a 53 year old female patient with chronic neck, back and bilateral upper extremities pain, date of injury 12/18/2008. Previous treatments include medications, bilateral carpal tunnel release, bilateral thumb surgery, physical therapy, home exercise. Progress report dated 05/23/2014 revealed patient complains of pain in the neck, mid back and both shoulders with radiation to both arms, she also complains of pain in both wrists and hands. The pain is constant in frequency and mild in intensity, 6/10 in the last 7 days. The pain is aggravated by bending forward, prolonged standing, reaching, walking, doing exercises and pushing shopping cart and leaning forwards. The pain is relieved with medications, rest, sitting, lying down, and relaxing. The patient avoided going to work, physically exercising, performing household chores, driving, doing yard-work or shopping and having sexual relations because of her pain. Examination of the cervical spine revealed ROM is full in all planes, there is tenderness to palpation over the bilateral cervical paraspinal muscles, superior trapezii, levator scapula, rhomboids and cervical facets. Examination of the wrists revealed normal ROM, well-healed incision of the bilateral carpal tunnel release surgery and bilateral thumb surgery, 4/5 motor strength in both wrists flexion, extension, and right grip strength. Diagnoses include cervical sprain, myofascial pain and carpal tunnel syndrome. The patient is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2Xweek X 6 weeks cervical spine and hand: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain page 58-59.

**Decision rationale:** While CA MTUS guidelines recommend a trial of 6 chiropractic treatments over 2 weeks, with evidences of objective functional improvement for chronic pain, it does not recommend chiropractic treatment for the hand and carpal tunnel syndrome. The request for 12 chiropractic visits for the neck exceeded the guideline recommendation, and not recommended for the hand. Therefore, it is not medically necessary.