

<b>Case Number:</b>	CM14-0102510		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/13/2014
<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 Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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:

This is a 47-year-old woman with a date of injury of June 15, 2011 when she was involved in a motor vehicle accident and had resulting upper body pain. She had a left carpal tunnel release and de Quervain's release on March 18, 2014, and complains of shoulder sprain, rotator cuff sprain, and thoracic sprain. She has had chiropractic treatments to her upper extremities. On May 20, 2014, the worker complained of continued left wrist pain and decreased range of motion. On June 4, 2014, it was noted the worker had tenderness to palpation and numbness and tingling. On June 5, 2014, there was a request submitted for 6 additional chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment: post/op with exercises, modalities, manipulation and myofascial release: six(6) visits (2x3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines, manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual

therapy is widely used in the treatment of musculoskeletal pain with the intended goal the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the worker's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. This worker has continued complaints of pain in her left upper extremity despite having surgery. However, manual therapy & manipulation is not recommended for carpal tunnel syndrome and is not recommended for the forearm, wrist, and hand. Therefore, this request for post operative chiropractic treatment with exercises, modalities, manipulation, and myofascial release for six (6) visits, twice a week for three weeks (2x3) is not medically necessary.