

<b>Case Number:</b>	CM14-0015166		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records reflect that this 33 year old individual sustained an injury on November 30, 2009. It is a noted repetitive trauma claim resulting in a suggested right carpal tunnel syndrome. Surgical release for this malady is reportedly pending. It is noted that multiple chiropractic interventions have been completed and subsequent request had not been certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUED CHIROPRACTIC 3 X 6, RIGHT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chiropractic Page(s): 58.

**Decision rationale:** Per MTUS guidelines, chiropractic care is for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. However, for carpal tunnel syndrome, manual therapy is not recommended. In this case, when noting the date of injury, the injury sustained, the amount of chiropractic care already completed and the lack of any significant gains in the most recent interventions, there is little data presented to support ongoing modalities at this time. Transition to home exercise protocol is all that would be clinically indicated. With this, the request is not medically necessary.