

Case Number:	CM14-0114821		
Date Assigned:	08/04/2014	Date of Injury:	04/28/2013
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 25-year-old female born on [REDACTED] While employed by [REDACTED] as a [REDACTED], as a result of her work activities she developed pain in her hands and on 04/28/2013 her wrist and hand pain increased. She initially treated at [REDACTED] with medication, and she treated with physical therapy and acupuncture. She underwent left wrist carpal tunnel release surgery on 01/29/2014 and was released to full work duties on 05/04/2014. She presented for chiropractic care on 05/28/2014 with complaints of bilateral wrist pain which increased in intensity with use of the hands. Examination of the right wrist revealed dorsal and palmar tenderness, decreased range of motion, positive Tinel's and Phalen's tests, and negative Finkelstein's test. Examination of the left wrist revealed well healed surgical scar on the volar aspect, dorsal and palmar tenderness, decreased range of motion, positive Tinel's and Phalen's tests, and negative Finkelstein's test. Grip strength testing revealed right 20 kg/18, kg/16 kg, and left 18 kg, 16 kg, and 12 kg, upper extremity DTRs 2+ bilaterally; sensation decreased over thumb and index, middle and ring finger bilaterally; motor strength of thumb abductors 4+/5 bilaterally and left opponens muscle 4+/5, and upper extremity vascular essentially normal. Diagnoses were noted as bilateral carpal tunnel syndrome, status post left wrist carpal tunnel release surgery 01/29/2014, and exacerbation bilateral wrist pain. She was placed on Temporary Total Disability from 05/28/2014 until 06/25/2014. The chiropractor recommended a course of chiropractic and physiotherapeutic modalities to the wrist twice a week for four weeks. The chiropractor's PR-2 of 06/25/2014 reports complaints of bilateral wrist hand pain with associated pins and needles in hands and fingers. Bilateral wrist were tender and positive findings were noted on Tinel's and Phalen's. The patient was diagnosed with carpal tunnel syndrome-wrist (median nerve). The chiropractor recommended proceed with previous requested treatment, and the patient was to remain off work until 07/23/2014. The chiropractor's PR-2 of 07/23/2014

reports complaints of constant moderate bilateral wrist pain associated with numbness in bilateral hands/fingers. The diagnosis was noted as carpal tunnel syndrome-wrist (median nerve). On 07/23/2014 her chiropractor extended her TTP from 07/23/2014 until 08/29/2014. There is a request for chiropractic and physiotherapeutic modalities to the wrist twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with modalities 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: The request for chiropractic and physiotherapeutic modalities to the wrist twice a week for four weeks is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) does not support the request for chiropractic and physiotherapeutic modalities to the wrist twice a week for four weeks. Diagnoses were noted as bilateral carpal tunnel syndrome, status post left wrist carpal tunnel release surgery 01/29/2014, and exacerbation bilateral wrist pain. Relative to treatment of carpal tunnel syndrome, forearm, wrist, and hand complaints, MTUS reports the following: Manual therapy and manipulation are not recommended in the treatment of carpal tunnel syndrome. Manual therapy and manipulation are not recommended in the treatment of forearm, wrist, and hand complaints.