

<b>Case Number:</b>	CM14-0126690		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 a licensed Doctor of 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 53-year-old female born on 10/03/1960. She has a reported date of injury on 07/03/2013, but no history of injury was noted. Right wrist MRI of 01/24/2014 revealed subchondral cyst formation within the capitate, and left wrist MRI of 01/24/2014 revealed subchondral cyst formation within the lunate. The Extracorporeal Shockwave Procedure Report (ESWT) of 02/13/2014 indicates the patient had undergone conservative care to the left wrist including but not limited to medications, physical and manipulating therapy, and injections and still had significant residual symptoms. She was diagnosed with tenosynovitis/tendinopathy, and she underwent her second ESWT procedure. The osteopathic provider's 05/08/2014 PR-2 reports patient complaints to include bilateral wrist pain. Right wrist ranges of motion were noted as flexion 56/60, extension 56/60, radial deviation 16/20, and ulnar deviation 25/30. Left wrist ranges of motion were noted as flexion 55/60, extension 55/60, radial deviation 17/20, and ulnar deviation 26/30. Tinel's positive bilaterally. Diagnoses included bilateral carpal tunnel syndrome. The treatment plan included chiropractic care at a frequency of 1-2 visits per week for 6 weeks for bilateral carpal tunnel syndrome. The osteopathic provider's 06/12/2014 PR-2 reports patient complaints to include bilateral wrist pain. Right wrist ranges of motion were noted as flexion 56/60, extension 56/60, radial deviation 16/20, and ulnar deviation 25/30. Left wrist ranges of motion were noted as flexion 55/60, extension 55/60, radial deviation 17/20, and ulnar deviation 26/30. Tinel's positive bilaterally. Diagnoses included bilateral carpal tunnel syndrome. The treatment plan included follow-up with chiropractic for 1-2 visits per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 1-2 x wk x6wks Bilateral Hands & Wrist: 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 Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The request for chiropractic therapy for the bilateral hands and wrists at a frequency of 1-2 times per week for 6 weeks is not supported to be medically necessary. There is a request for chiropractic visits as treatment for this patient's bilateral carpal tunnel syndrome. MTUS (Medical Treatment Utilization Guidelines) does not support manual therapy and manipulation in the treatment of forearm, wrist, and hand complaints, and carpal tunnel syndrome. MTUS reports in the care of forearm, wrist, and hand complaints, and carpal tunnel syndrome manual therapy and manipulation are "not recommended." Therefore the request for Chiropractic treatment 1-2 x week x 6 weeks for bilateral hands & wrist is not medically necessary.