

<b>Case Number:</b>	CM14-0136032		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/20/2006
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Chiropractor, 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 56 year old male with a date of injury of 4/20/2006. According to an initial pain management evaluation dated 7/21/2014, the patient has a cumulative trauma injury to the upper extremities. Subjective complaints of pain in the arm, shoulder and bilateral hand with tingling sensation in the arm, wrist and hand, 7/10 pain which is aggravated by arm and hand function and patient reports difficulty with sleep. Examination findings were; upper extremity tenderness to palpation, decreased range of motion (plane not mentioned) deep tendon reflexes, and motor strength were normal, Tinel's and Phalen's sign were positive. The patient's diagnoses were; bilateral carpal tunnel syndrome, status post carpal tunnel release surgery 2010, repetitive strain injury, myofascial pain syndrome, bilateral shoulder and elbow strains. A request has been made for a review of the previous denial of 6 chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1x wk x 6 wks bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual therapy & manipu.

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

**Decision rationale:** A request for review of a previous denial for 6 sessions of chiropractic treatment to the upper extremity remains not medically necessary. The previous determination cannot be reversed at this time, as medical necessity cannot be established based on guideline recommendations. The patient is status post 2006 date of injury and 7/10 pain with an unknown amount of chiropractic treatments to the upper extremities. California MTUS does not recommend manipulation to the upper extremities as there are limited high quality studies to support its efficacy over other conservative manual therapies or treatments. As there is lacking support and considering the chronic nature of the patient's injury, the request for chiropractic treatment to the upper extremities is not medically necessary.