

<b>Case Number:</b>	CM14-0164485		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 32 year-old female with a history of a repetitive strain work injury with date of injury of 11/07/09. EMG/NCV (Electromyography / Nerve Conduction Velocity) testing in 2010 showed findings of right carpal tunnel and cubital tunnel syndrome with a right C6-7 radiculopathy. She underwent a right carpal tunnel release and cubital tunnel release in September 2012. Treatments included physical therapy in July 2013. The claimant continues to work. She was seen by the requesting provider on 05/16/14. She had a past medical history of migraines. Medications were hydrocodone, Medrol, Lidoderm, Norco, and Diclofenac. Physical examination findings included a non-antalgic gait with full upper extremity range of motion. Hydrocodone was refilled. Lab testing was ordered. On 09/09/14 she was having right hand and elbow pain rated at 4/10. She was having a flare of wrist pain related to an increased workload and the weather. She reported chiropractic treatments as having previously relieved flare-ups. Treatments had included chiropractic visits in June 2014. Physical examination findings were unchanged. Medications were refilled. Authorization for six chiropractic treatments and lab testing was requested. The assessment references abnormal liver function tests and BUN/Creatinine results on previous testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care, 6 visits for right carpal tunnel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic). Manipulation

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic up pain related to carpal tunnel syndrome due to a repetitive strain injury. Recent treatments included chiropractic care in June 2014 with this request made three months later in September. In terms of carpal tunnel syndrome, manipulation is not recommended. Therefore this request of chiropractic care, 6 visits for right carpal tunnel is not medically necessary and appropriate.