MAXIMUS Federal Services

Case Number:	CM14-0022936		
Date Assigned:	05/14/2014	Date of Injury:	01/27/2013
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Licensed in Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 43 year old male who injured his bilateral wrists, neck and shoulders while performing his repetitive job duties. He has received the following treatment from the medical doctor; wrist supports, medication, physical therapy and acupuncture. The notes are not clear as to how much chiropractic treatment the injured worker has received if any.On 3/26/13 the only diagnosis given by the medical doctor is bilateral wrist tendonitis.On 4/17/2013 NVC/EMG studies reveal moderate right and mild left carpal tunnel syndrome.On 5/1/2013 the medical doctor describes a decreased in range of motion of the following regions: cervical spine, bilateral shoulders, bilateral wrists, and left ankle.The medical doctor only diagnosis the wrist, hand and ankle but does not give any diagnosis for the cervical or bilateral shoulders.On 5/17/2013 another NCV/EMG upper and lower extremity testing was performed. The lower was normal. The upper extremity testing revealed: entrapment neuropathy moderate-severe of median nerve of bilateral wrists.On 8/25/2013 MRIs of the bilateral wrists were normal.On 8/27/2013 a MRI of the right wrist revealed: 1) Bowing of the flexor retinaculum with an increased amount of synovial tissue and thickening of the flexor tendon concerning for chronic flexor tenosynovitis. This increases risks of carpal tunnel syndrome. 2) Tenosynovitis of the extensor carpi radialis longus and brevis with mild tenosynovitis involving the extensor carpi radialis longus tendon. On 9/01/2103 a MRI of the left wrist revealed bowing of the retinaculum with increased amount of synovial tissue and thickening of the flexor tendon concerning for chronic flexor tenosynovitis. This increases risks of carpal tunnel syndrome. On 11/27/2013 the medical doctor gives diagnosis for the bilateral hands, wrists and left ankle. The doctor requests right carpal tunnel syndrome surgery with post physical therapy and wrist support.On 1/15/2014 another medical doctor gives diagnosis for the neck, trapezius bilaterally and bilateral carpal

tunnel syndrome. Treatment request is for acupuncture 1 time per week for 4 weeks and chiropractic manipulation 2 times per weeks for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MEDICINE 1 TIME PER WEEK FOR 4 WEEKS FOR THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, chiropractic manipulation is not recommended for carpal tunnel syndrome and forearm, wrist and hand. Therefore this request for treatment is not medically necessary.