

<b>Case Number:</b>	CM14-0035993		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Chiropractor and is licensed to practice in Virginia. 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 37-year-old male who reported an injury on 08/23/2013. The mechanism of injury was reportedly typing and poor workplace workstation conditions. His relevant diagnoses were noted to include right elbow lateral epicondylitis, bilateral carpal tunnel syndrome, and right hand ring finger trigger finger. His past treatments were noted to include at least 12 visits of physical therapy, at least 6 visits of acupuncture, cognitive behavioral therapy, medications, wrist immobilization, and activity modification. On 12/10/2013, it was noted that the injured worker had pain, numbness and tingling, and had difficulty with performing his job duties, such as typing. Upon physical examination, it was noted that he had a positive Tinel's, Durkan's, and Phalen's test. It was also notated in the documentation that the injured worker had full range of motion to his wrist as well as motor strength. His medications were not included in the report. The treatment plan was not included. A request was received for chiropractic evaluation and treatment x6 visits to bilateral upper extremities without a rationale. The request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Eval and treat x6 visits to bilateral upper extremities:** Upheld

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

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

**Decision rationale:** The request for chiropractic eval and treat x6 visits to bilateral upper extremities is not medically necessary. According to the California MTUS Guidelines, manual therapy and manipulation, chiropractic therapy, is recommended for chronic pain to improve functional status in order to progress in a therapeutic exercise program. However, the guidelines do not recommend chiropractic therapy for the forearm, wrist, and hand, nor is it recommended for carpal tunnel syndrome. As the guidelines do not recommend chiropractic therapy for the upper extremities, the request is not supported by the evidence based guidelines. As such, the request for chiropractic eval and treat x6 visits to bilateral upper extremities is not medically necessary.