

<b>Case Number:</b>	CM14-0037219		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/15/2002
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 58 year old female who was injured on 03/15/2002. The mechanism of injury is unknown. Past medication history has included Voltaren topical, Tylenol, Skelaxin, Gabapentin, Prilosec, Lidoderm, Fosinopril, BuSpar and tramadol. Follow up note dated 02/18/2014 states the patient has a history of bilateral upper extremity pain. She takes Gabapentin and Tylenol #3 sparingly with good benefit. She rated her pain as 7/10. The physical exam did not provide any information. Assessment is cubital tunnel syndrome and carpal tunnel syndrome. The patient was instructed to continue her medication including Lidoderm, Prilosec, Gabapentin, Skelaxin, Tylenol, and Voltaren topical gel. Prior utilization review dated 03/13/2014 states the request for 8 Chiropractic therapy visits was not authorized as the patient has no diagnosis of carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Forearm, Wrist & Hand, Manipulation.

**Decision rationale:** The request for 8 therapy treatment visits is not medically necessary for the following reasons. The request is vague and doesn't specifically outline what procedures or areas those procedures will be performed. Based on the ODG Guidelines chiropractic manipulation is "Not Recommended". Yet it also states "Further trial visits up to six may be contingent on additional documentation of long term resolution of symptoms and should be supported by documented objective functional improvement." The request exceeds the six trial visits therefore cannot be considered medically necessary.