

<b>Case Number:</b>	CM14-0050665		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 46-year-old female born on 05/11/1968. In early 2010 while employed to operate a cash register, remove sensors, clean departments, pinch hangers, sweep, mop, unload boxes from a truck twice a week and stock items, she began to notice both forearms, wrists, hands and fingers would go numb and tingle. She presented for initial hand consultation on 06/13/2013 with complaints of Paresthesia in bilateral hands, median nerve distribution. She was diagnosed with carpal tunnel syndrome not responding to conservative management on a long term basis despite the use of splints for a period of 3 years. Endoscopically-assisted carpal tunnel release was recommended, right hand first then left. On 08/23/2013, the patient underwent release of transverse carpal ligament. On 10/21/2013, the patient presented for chiropractic care, reporting constant numbness and tingling in the left hand, wrist and forearm; and constant 8/10 level pain in the right hand, wrist, and forearm. Following examination the chiropractor diagnosed right CTS surgery and left CTS and recommended additional physical therapy and education regarding post-surgical healing. On 11/12/2013, the chiropractor requested authorization for post-op PT at a frequency of 2 times per week for 3 weeks. The chiropractor's PR-2 of 12/11/2013 reports the chiropractor had been performing soft tissue manipulation and massage to the right and left wrist, forearm, and hand. The patient underwent Agreed Panel Qualified Medical Evaluation on 01/30/2014 relative to recurrent symptoms of CTS with CT injury to both wrists and right CT release. The physician reported the patient had been treated conservatively without cure or relief, and the prognosis was poor. She was seen in medical follow-up examination on 02/06/2014 with ongoing pain. By examination on 02/06/2014 all ranges of motion were performed actively, she was wearing bilateral wrist splints, Spurling's test was positive on the left reduplicating brachial plexus stretch, upper extremity reflexes were trace but symmetrical, median nerve compression was positive on the left, Finkelstein's was positive

bilaterally, and Tinel's was negative at the elbows but positive at the wrists bilaterally. She was diagnosed status post right CTS, unresolved left carpal tunnel syndrome, possible double crush syndrome on the left and cervical radicular symptoms. The chiropractor's PR-2 of 03/04/2014 reports objectives as swelling, diminished ROM, tenderness to palpation of the wrists, forearms, and hands; and positive Tinel's and Phalen's. There is a request for authorization of 6 chiropractic treatments consisting of soft tissue/ART type therapy for the upper extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chiropractic therapy, six sessions for the right and left wrists, hands, and forearms:**

Upheld

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

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

**Decision rationale:** The request for 6 sessions of chiropractic treatment (manual therapy & manipulation) for the bilateral wrists, hands, and forearms is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. MTUS reports manual therapy and manipulation are not recommended in the treatment of forearm, wrist, and hand conditions. Request for 6 chiropractic treatment sessions are not medically necessary.