

<b>Case Number:</b>	CM14-0082584		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Chiropractics 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 52-year-old female born on 07/17/1962. On 03/09/2011 the patient was assisting a CNA in pulling a rather heavy (greater than 300 pounds) resident up in a bed, and the CNA was not strong enough to pull the resident up on her side, and when the patient pulled on the resident, she felt a pulling and burning pain in her left wrist. The chiropractor's initial report of 01/30/2013, reports the patient presented with left wrist pain after transferring a client. Regarding the wrist, she was diagnosed with left carpal tunnel syndrome. Following the 01/30/2013 report, the chiropractor authored several reports/documents relative to the patient's wrist complaints, dated 02/09/2013, 02/13/2013, 03/04/2013, 03/06/2013, 03/25/2013, 04/15/2013, and 06/12/2013. The patient presented for Agreed Medical Evaluation on 12/12/2013, with complaints of neck pain, left shoulder pain and left wrist pain. The medical provider reported, "In my medical opinion, the patient has been afforded reasonable care as it relates to the left wrist following the industrial injury of 03/09/2011, and the condition of the left wrist is considered to be at a state of maximum medical improvement. I did note that with in the medical records the patient was previously declared permanent and stationary for her left wrist on approximately 02/03/2012." The chiropractor's PR-2 of 11/13/2013, reports diagnoses of unspecified disorder shoulder joint, cervical intervertebral disc disorder with myelopathy, and carpal tunnel syndrome. The chiropractor's PR-2 of 12/11/2013, reports left shoulder pain, neck pain, and left arm pain/numbness unchanged since last evaluation. No physical examination findings are reported. Diagnoses are noted as unspecified disorder shoulder joint, cervical intervertebral disc disorder with myelopathy, and carpal tunnel syndrome. The chiropractor's PR-2 of 01/15/2014, reports left shoulder pain, neck pain, and left arm pain/numbness unchanged since last evaluation. No physical examination findings are reported. Diagnoses are noted as

unspecified disorder shoulder joint, cervical intervertebral disc disorder with myelopathy, and carpal tunnel syndrome.

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

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

**Chiropractic care two sessions per week for four weeks to the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation, low back 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 8 chiropractic treatment sessions (2 times per week for 4 weeks) for the left wrist is not supported to be medically necessary. The patient presented for chiropractic care on 01/30/2013 with wrist pain complaint. She has been diagnosed with carpal tunnel syndrome. MTUS (Chronic Pain Medical Treatment Guidelines) does not support medical necessity for chiropractic treatment sessions for carpal tunnel or wrist complaints. Relative to treatment of carpal tunnel syndrome, and forearm, wrist, and hand complaints, MTUS reports the following: Manual therapy and manipulation are not recommended in the treatment of carpal tunnel syndrome or in the treatment of forearm, wrist, and hand complaints. Therefore this request is not medically necessary.