

<b>Case Number:</b>	CM13-0016798		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Chiropractor

### 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 33 year old female who sustained an industrial injury on 08-17-2009. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and cervical disc protrusion. According to the treating physician's progress report on 07-10-2013 and 05-22-2013, the injured worker continues to experience pain in the bilateral wrists, right wrist worse than the left, and improvement was noted in the cervical spine with injection and aqua therapy. Examination of the cervical spine demonstrated 3 plus tenderness to palpation of the cervical paravertebral muscles along with spasm. Cervical compression caused pain on the left. The right wrist had no swelling or atrophy with 3 plus tenderness to palpation of the medial and volar wrist. There were no significant objective findings on the left wrist. An official Electromyography (EMG) report of the upper extremities performed in 2011 was included in the review and reported as normal. Prior treatments have included diagnostic testing, cervical epidural steroid injection, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, acupuncture therapy, aqua therapy and medications. Current medications were listed as Tramadol, Flexeril, Ibuprofen, Omeprazole and topical medications. Treatment plan consists of continuing medication regimen and the current request for chiropractic therapy 2-3 times a week for 6 weeks. On 08-08-2013 the Utilization Review determined the request for chiropractic therapy 2-3 times a week for 6 weeks was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic- Two to Three (2-3) Times a Week for Six (6) Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic neck pain, bilateral wrist pain, and carpal tunnel syndromes. According to the available medical records, the claimant has had various treatments in history, including medications, injections, acupuncture, aqua therapy, TENS unit, and physical therapy. There are no records of previous chiropractic therapy. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, it does not recommended for wrist and carpal tunnel syndromes. The request for 18 visits also exceeded the guidelines recommendation. Therefore, it is not medically necessary.