

<b>Case Number:</b>	CM14-0194602		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 licensed in Chiropractic, has a subspecialty in Acupuncture 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 62-year-old female with a date of injury of 12/21/1998. According to the progress report dated 10/15/2014, the patient complained of right hand arm pain with numbness. The patient noted neck, forearm, and wrist were painful and increased with gripping at work and from activities of daily living. Significant objective findings include tenderness in the cervical-thoracic spine, forearm, and wrist. Range of motion was diminished by 40% bilaterally in the cervical spine. In the wrist, the range of motion was decreased by 60%. There was hypoesthesia at C6, C7, and C8 dermatomes bilaterally. Grip strength was diminished toward the end of the day. The patient was diagnosed with chronic bilateral carpal tunnel syndrome and chronic bilateral lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six office visits of Chiropractic manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** The guidelines recommend manipulation for chronic pain if caused by musculoskeletal conditions. However, the guidelines do not recommend manipulation for forearm, wrist, hand, or carpal tunnel syndrome. The patient was diagnosed with chronic bilateral carpal tunnel syndrome and chronic bilateral lateral epicondylitis. Based on the guidelines, the provider's request for 6 chiropractic sessions is not medically necessary at this time.