

Case Number:	CM14-0059828		
Date Assigned:	04/29/2014	Date of Injury:	07/28/2010
Decision Date:	12/11/2015	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	04/30/2014

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. 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 49 year old female with an industrial injury dated 07-28-2010. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain sprain and strain and bilateral carpal tunnel syndrome. In a progress report dated 02-25-2013, the injured worker reported cervical spine and bilateral wrist complaints. Bilateral wrist pain level was 7 out of 10 on a visual analog scale (VAS). Physical exam revealed (-02-25-2013) decrease left wrist flexion, decrease bilateral wrist extension, and bilateral positive Tinel's sign. In a progress report dated 04-28-2013, the injured worker reported neck pain with radiation to upper extremities rated 8 out of 10 and frequent bilateral wrist pain with numbness and tingling rated a 7 out of 10. Objective findings (04-28-2013) revealed bilateral wrist range of motion: flexion 60 degrees, extension 60 degrees on right, 50 degrees on left, and radial & ulnar deviation 20. According to the progress note dated 07-01-2013, the injured worker reported constant neck pain radiating to upper extremities and occasional bilateral wrist pain with numbness and tingling. Pain level was 8 out of 10 for neck pain and 7 out of 10 for bilateral wrist pain on a visual analog scale (VAS). Objective findings (07-01-2013) revealed normal bilateral wrist range of motion and mild tenderness over the carpals. Treatment has included diagnostic studies, prescribed medications, cortisone injection, acupuncture, course of physical therapy and periodic follow up visits. The utilization review dated 08-01-2013, modified the request for chiropractic manipulation for bilateral carpal tunnel x3 (original x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION FOR BILATERAL CARPAL TUNNEL X 6:

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 based on Non-MTUS Citation ODG guidelines, web-based version, carpal tunnel chapter, manipulation: "Not recommended. Manipulation has not been proven effective in high quality studies for patients with carpal tunnel syndrome, but smaller studies have shown comparable effectiveness to other conservative therapies."

Decision rationale: The medical necessity for the requested 6 sessions of chiropractic manipulation for bilateral carpal tunnel syndrome was not established. Medical treatment utilization schedule guidelines indicate that manipulation for carpal tunnel complaints is not recommended. ODG guidelines indicates that manipulation is not recommended for carpal tunnel. There is no evidence of any significant clinical findings that would suggest the claimant is an outlier to the MTUS and ODG guidelines. Medical treatment utilization schedule guidelines, page 58: Manual therapy & manipulation. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion.-Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended.; Carpal tunnel syndrome: Not recommended.; Forearm, Wrist, & Hand: Not recommended.; Knee: Not recommended.ODG guidelines, web-based version, carpal tunnel chapter, manipulation: "Not recommended. Manipulation has not been proven effective in high quality studies for patients with carpal tunnel syndrome, but smaller studies have shown comparable effectiveness to other conservative therapies."