

Case Number:	CM15-0002982		
Date Assigned:	01/13/2015	Date of Injury:	06/12/2012
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/07/2015

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: Chiropractic

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 39 year old female who suffered a work related injury on 06/12/12. Per the physician notes from 10/17/14 she complains of 20 weeks of pain in both hands and elbows. She is noted to have positive tennis elbow bilaterally. Diagnoses include bilateral carpal tunnel syndrome, bilateral DeQuervain's tenosynovitis, and bilateral lateral epicondylitis of elbow. The treatment plan consists of continue current medication, wrist splint at night, and elbow brace. The requested treatment is initial trial of chiropractic treatments 8 sessions to bilateral wrists. This is not addressed in the progress note. The Claims Administrator non-certified the chiropractic treatments on 12/14/14, citing MTUS guidelines. This treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative therapy 2 times a week for 4 weeks: 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 Carpal Tunnel Syndrom section of Wrist & Hand Chapter Page(s): Manipulation Section. Decision based on Non-MTUS Citation Wrist and Hand Chapter

Decision rationale: The patient suffers from bilateral carpal tunnel syndrome. The patient has not received chiropractic care for her current wrist injuries. She has received physical therapy and being considered for surgery. The MTUS Chronic Pain Medical Treatment Guidelines and ODG Wrist and Hand Chapter state that Manual therapy and manipulation is "not recommended" for wrist and hand and not recommended for Carpal tunnel syndrome. Given these circumstances I find that the 8 chiropractic sessions to the bilateral wrists to not be medically necessary and appropriate.