

<b>Case Number:</b>	CM15-0135287		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Minnesota  
 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 42-year-old male who sustained an industrial injury on 6/6/2014 resulting in left hand pain. He was diagnosed with carpal tunnel syndrome. Documented treatment was carpal tunnel release surgery on to the left wrist 6/19/2015. No other treatments are noted in the documentation provided. The injured worker continues to present with pain, weakness and reduced range of motion to the left wrist. The treating physician's plan of care includes 12 post-operative chiropractic sessions for the wrist. Current employment status is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Chiro x 12 sessions for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter - Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the wrist is not recommended. The doctor has requested Post-op chiropractic of 12 sessions for the left wrist. The requested treatment is not recommended according to the above guidelines and therefore the treatment is not medically necessary and appropriate. (Physical medicine/therapy is recommended under the post-surgical guidelines, section 9792.20, pages 15&16.)