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| Case Number: | CM15-0161356 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 06/06/2014 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: 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:

This is a 42 year old male with a June 6, 2014 date of injury. A progress note dated August 3, 2015 documents subjective complaints (still has weakness due to post carpal tunnel release surgery; unable to turn door knobs), objective findings (decreased range of motion of the left wrist; loss of strength; sharp pain with palpation of the left carpal area), and current diagnoses (left wrist sprain and strain; carpal tunnel syndrome; loss of strength at left wrist; contusion of right tibia; abrasion of right mid-tibia). Treatments to date have included carpal tunnel release in April of 2015. The treating physician documented a plan of care that included eight session of chiropractic treatment for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 visits of conservative to left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant presented with chronic pain in the left wrist. Previous treatments include medication and left carpal tunnel release surgery. Current request is for 8 visits of chiropractic treatment to the left wrist. Reviewed of evidences based MTUS guidelines noted chiropractic treatments for the wrist and carpal tunnel syndrome is not recommended. Based on the guidelines cited, the request for 8 chiropractic visit for the wrist is not medically necessary.