

Case Number:	CM15-0191103		
Date Assigned:	10/05/2015	Date of Injury:	10/20/2011
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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 47 year old male who sustained a work-related injury on 10-20-11. Medical record documentation on 9-1-15 revealed the injured worker was being treated for carpal tunnel syndrome, status post right wrist arthroscopy on 2-27-15, left wrist tenosynovitis of the extensor carpi ulnaris, left wrist low-grade partial tear and status post left wrist arthroscopic procedure. He completed 24 sessions of physical therapy for the left wrist and used Norco 7.5-325 mg for pain management. Objective findings included a fairly normal active range of motion of the left wrist with some limitation in palmar flexion and dorsiflexion to approximately 20 degrees in either plane. His two-finger grip strength was equivalent bilaterally. A request for chiropractic manipulation of the left wrist #12 was received on 9-16-15. On 9-16-15 the Utilization Review physician determined chiropractic manipulation of the left wrist #12 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation therapy left wrist Qty: 12: 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 wrist pain and carpal tunnel syndromes. Previous treatments include medications, surgeries, and physical therapy. According to evidences based MTUS guidelines, chiropractic manipulation treatment is not recommended for wrist and carpal tunnel syndromes. Therefore, the request for 12 chiropractic manipulation therapy for the left wrist is not medically necessary.