

<b>Case Number:</b>	CM15-0219120		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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:

The injured worker is a 43 year old male, who sustained an industrial injury on August 25, 2011. The injured worker was diagnosed as having right carpal tunnel syndrome with ulnar neuropathy. Treatment and diagnostic studies to date has included medication regimen, chiropractic therapy of unknown quantity, occupational therapy of an unknown quantity, use of splints, and injections. In a progress note dated September 23, 2015 the treating physician reports complaints of persistent pain to the right hand with numbness, tingling, and weakness to the right hand and upper extremity. Examination performed on September 23, 2015 was revealing for positive Tinel's, Phalen's, Durkin's, cubital tunnel compression testing, positive elbow flexion testing, swelling and tenderness to the carpal tunnel and cubital tunnel regions that was noted to have "mildly improved", "improved" sensation to the Guyon's canal, tenderness to the left carpal and cubital tunnels, and positive left provocative testing. The progress note from September 23, 2015 noted prior chiropractic therapy of an unknown quantity that was noted to be "substantially beneficial" with "improved capacity to perform his work activities with use of the provided medications", but did not indicate if the injured worker experienced any functional improvement with activities of daily living with prior chiropractic therapy. The progress note from August 05, 2015 noted that the chiropractic therapy has made an "improvement in his capacity to perform his work and home based activities with lessening of the pain, numbness, and tingling which he attributes to his ongoing chiropractic care", but the progress notes from August 05, 2015 and September 23, 2015 did not indicate the injured worker's numeric pain level prior chiropractic therapy and after chiropractic therapy. On April 29, 2015 the treating

physician requested a trial of chiropractic therapy to the right carpal tunnel region at 2 times 3 weeks. On September 23, 2015 the treating physician requested additional 6 treatments at 2 times 3 of chiropractic therapy to the right hand noting a "substantial reduction in symptoms with previous chiropractic therapy". On October 01, 2015 the Utilization Review determined the request for 6 treatments of chiropractic therapy to the right hand to be modified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic - 6 treatments (right hand): 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 rationale:** The request was for 6 chiropractic treatments. This was modified to certify 3 treatments. The purpose of this review is to determine the medical necessity for the requested 6 treatments. The medical necessity for the requested 6 chiropractic treatments for the right wrist was not established. Medical treatment utilization schedule guidelines do not support manipulation for wrist complaints. There is no evidence of any significant findings that would suggest that the claimant is an outlier to the guidelines. Therefore, the medical necessity for the requested 6 chiropractic treatments was not established. 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. This request is not medically necessary.