

Case Number:	CM15-0039534		
Date Assigned:	03/09/2015	Date of Injury:	05/01/2013
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation

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 35 year old male, who sustained an industrial injury on May 1, 2013. He reported an injury to his lower back following a twist of the low back. The injured worker was diagnosed as having cervical spine degenerative disc disease, lumbar spine disc bulges, and right and left carpal tunnel syndrome. Treatment to date has included right and left carpal tunnel release, lumbar epidural block, medications, TENS unit, chiropractic therapy and aqua therapy. Diagnostic studies included EMG/nerve conduction studies of his bilateral upper extremities. Currently, the injured worker complains of continued pain of the neck, bilateral hands and back. He reports that the pain interferes with light activities. He describes his pain as moderate in intensity and that his sleep is disturbed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times six for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Based on the 02/04/15 progress report provided by treating physician, the patient presents with bilateral wrist/hand pain rated 6-9/10, that radiates to the fingers, greater in severity on the right. The request is for **CHIROPRACTIC TWO TIMES SIX FOR THE BILATERAL WRISTS**. RFA not provided. Patient's diagnosis on 02/04/15 includes bilateral carpal tunnel syndrome and left scapholunate dissociation. Physical examination to the wrists on 02/04/15 revealed tenderness over the dorsum of the left wrist over the scapholunate region, and positive Phalen's test bilaterally. Diminished light touch over the median nerve distribution bilaterally. Patient's medications include Gabapentin, Tramadol, Omeprazol and Flexeril. Patient's work status is not available. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions:-Ankle & Foot: Not recommended.-Carpal tunnel syndrome: Not recommended.-Forearm, Wrist, & Hand: Not recommended.-Knee: Not recommended. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided reason for the request. Treatment history has not been provided and there is no mention patient has had chiropractic treatment in the past. An initial trial of 6 visits would be reasonable. However, treatment to the wrists is not supported by MTUS. Therefore, the request IS NOT medically necessary.