

<b>Case Number:</b>	CM15-0046274		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	06/27/1997
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 57 year old female who sustained an industrial injury on 06/27/1997. She currently complains of bilateral upper extremity pain with tingling and numbness in both wrists and hands. Prior treatments to date are not documented; however she is seeing a chiropractor. She presents on 02/05/2015 with complaints of an exacerbation of her condition with routine activities. Physical exam noted powerful spasm and tenderness in both forearms. There was significant strength deficit in the right dominant hand. Diagnosis was bilateral carpal tunnel syndrome. Plan of treatment was chiropractic manipulation for bilateral wrist/hands 2 times a month for 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation for the bilateral wrist/hands at two times per month for three months QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the wrist and hands is not recommended. The doctor is requesting Chiropractic manipulation for the bilateral wrist/hands at 2 times per month for three months. This request for treatment is not recommended according to the above guidelines and therefore the treatment is not medically necessary.