

<b>Case Number:</b>	CM15-0048905		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 42-year-old female, who sustained an industrial injury on 9/9/2013. Diagnoses have included carpal tunnel syndrome, bilateral wrist pain and bilateral elbow pain. Treatment to date has included physical therapy, carpal tunnel release surgery and medication. Per the Primary Treating Physician's Progress Report dated 12/22/2014, the injured worker complained of occasional to constant moderate, achy, sharp right wrist pain radiating to the right elbow. She also complained of constant, moderate, achy sharp left wrist pain. Physical exam of the right wrist revealed tenderness to palpation of the dorsal wrist; Phalen's and Carpal Compression caused pain. Exam of the left wrist revealed that Phalen's and Carpal Compression caused pain. According to the Primary Treating Physician's Progress Report dated 2/18/2015, the injured worker complained of insomnia, fatigue and pain. Other subjective complaints were illegible. Authorization was requested for chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Eight Chiropractic Visits are not medically necessary per the MTUS Guidelines. The MTUS does not recommend chiropractic therapy for carpal tunnel syndrome or for the forearm, wrist, or hand. The documentation indicates that the patient has complaints of wrist and elbow pain and is status post carpal tunnel release. There are no extenuating reasons in the documentation submitted of why this patient needs chiropractic care. The request is not medically necessary.