

<b>Case Number:</b>	CM15-0054411		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Oriental 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 (IW) is a 63 year old female who sustained an industrial injury on 08/08/2013. She reported pain in the wrists and neck. The injured worker was diagnosed with bilateral carpal tunnel syndrome and bilateral wrist flexor tenosynovitis. Treatment to date has included acupuncture, cortisone injections of the bilateral wrists, and bilateral wrist braces. Currently, the injured worker complains of bilateral wrist and hand intermittent pain; and bilateral hand intermittent tingling with numbness. Bilateral carpal tunnel releases were recommended but the IW did not want surgery at the time. The plan for treatment includes chiropractic treatment. A request for authorization of outpatient Chiropractic treatment 2 x per week x 4 week to bilateral wrists was submitted on March 6, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Chiropractic treatment 2 x per week x 4 week to bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 7, 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 275, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/wrist and forearm; Chiropractic.

**Decision rationale:** Patient has not had prior chiropractic treatments. Provider requested initial trial of 2x4 chiropractic treatment for bilateral wrist which were non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. ODG and ACOEM guidelines do not recommend Chiropractic for hand pain. Per guidelines and review of evidence, 2X4 Chiropractic visits are not medically necessary.