

<b>Case Number:</b>	CM15-0085190		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Chiropractic

### 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 32 year old male, who sustained an industrial injury on August 14, 2013. The injured worker was diagnosed as having carpal tunnel syndrome, wrist sprain/strain and wrist subluxation. Treatment and diagnostic studies to date have included physical therapy, injections, magnetic resonance imaging (MRI) and nerve conduction study. A progress note dated March 30, 2015 provides the injured worker complains of wrist flare-up. He reports 6 physical therapy visits have helped. He reports wrist numbness, increased strength and increased sleep due to therapy. Physical exam notes pain on palpation with positive Tinel's and Phalen's, increased range of motion (ROM) and increased grip strength of the right wrist. The plan includes additional 18 chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 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. Decision based on Non-MTUS Citation ODG Carpal

Tunnel Syndrome and Forearm, Wrist and Hand Chapters, Manipulation Sections/MTUS  
Definitions Page 1.

**Decision rationale:** The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Carpal Tunnel Syndrome and Wrist, Forearm and Hand Chapters do not recommend manipulation. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." No objective functional gains have been evidenced with the past rendered chiropractic care. The 18 sessions requested far exceed the MTUS recommendations as The MTUS does not recommend manipulation for the wrist, hand or carpal tunnel syndrome. I find that the 18 additional chiropractic sessions requested to the wrist to not be medically necessary and appropriate.