

Case Number:	CM14-0160888		
Date Assigned:	10/06/2014	Date of Injury:	04/18/2013
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Chiropractic & Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 28-year-old female who sustained a work related injury on 4/18/2013. Per a PR-2 dated 8/13/2014, the claimant has persistent pain in the hands and wrists. The neck pain is better after cervical epidural injection. Her diagnoses are myofascial pain syndrome, carpal tunnel syndrome, cervical spondylosis, and cervical radiculopathy. The request is for four visits of chiropractic for carpal tunnel and wrist pain. Prior treatment includes epidural injection, acupuncture, medication, home exercise program, and physical therapy. She is on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 4 Sessions over 1 month - Bilateral Wrist/Carpal Tunnel Syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Evidenced based guidelines do not recommend Chiropractic treatment for carpal tunnel syndrome or wrist conditions. Since the request was for chiropractic treatment for

carpal tunnel syndrome and wrist pain, chiropractic treatment is not medically necessary. However, a trial of chiropractic can be medically necessary for other chronic pain conditions.