

<b>Case Number:</b>	CM14-0098961		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 licensed in Chiropractic 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:

The patient is a 45 year old female who was injured on 03/26/2013 due to repetitive movement. Prior treatment history has included 12 sessions of physical therapy. The patient underwent left carpal tunnel release on 08/16/2013 and right carpal tunnel release on 11/01/2013. Progress report dated 04/18/2014 states the patient presented with complaints of pain but reports her symptoms have decreased with treatment. She is participating in therapy for bilateral wrists. She stated her pain went down from 4-5/10 to 1-3/10. She stated her pain is no longer constant but now reports frequent achiness on the right with tightness. The left wrist exhibits pain with spasms. On exam, there is no swelling in the right hand/wrist but there is moderated tenderness to palpation in left hand/wrist region. The left wrist range of motion is within normal limits. The right wrist range of motion revealed flexion to 63 degrees; extension to 69 degrees; radial deviation to 40 degrees; ulnar deviation to 20 degrees; Jamar dynamometer revealed 20, 19, 19 on the left and 20, 21, 19 on the right. The patient is diagnosed with bilateral carpal tunnel syndrome. She has been recommended for additional treatment, 12 visits of chiropractic manipulation as treatment helped her to return to performing productive activities. Prior utilization review dated 06/12/2014 states the request for Additional Four Visits of Chiropractic Therapy and Massage for bilateral carpal tunnel syndrome for bilateral wrists is not certified as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Four Visits of Chiropractic Therapy and Massage for bilateral carpal tunnel syndrome for bilateral wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** The CA CMTU Guidelines, do not recommended Chiropractic therapy for carpal tunnel/ wrists injuries ("Ankle &Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended."). Therefore, the request for additional Chiropractic therapy to the wrist bilaterally is not medically necessary.