

Case Number:	CM13-0059586		
Date Assigned:	04/23/2014	Date of Injury:	01/11/2011
Decision Date:	03/27/2015	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/02/2013

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 patient is a 49 year old female who sustained an injury to her right shoulder, both wrists and elbows on 1/11/2011 as a result of performing repetitive gripping, grasping and arm movement. The subjective complaints per specialty physician's report are bilateral shoulder pain, neck pain with radiculopathy to bilateral hands and bilateral hand/wrist pains. Patient has been treated with medications, physical therapy, splinting, exercises, TENS unit, acupuncture, injections and chiropractic care. The patient is status post right wrist carpal tunnel release. The diagnoses assigned by the treating physician are C5-7 fusion with instrumentation, thoracic, forearm and wrist sprain/strain with overuse and bilateral carpal tunnel syndrome. X-Ray study of the right wrist is unremarkable. EMG study of the wrists has revealed "median nerve pathology at the right wrist affecting both median sensory and motor fibers in the carpal tunnel segment. The PTP is requesting for 8 sessions of chiropractic care to the right wrist post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Sessions of Post-Operative Chiropractic Rehabilitation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is status post-surgical for the right wrist. Patient has not received any chiropractic care to the right wrist post-surgery. MTUS Postsurgical Treatment Guidelines are silent on the issue of chiropractic care post carpal tunnel release/ surgery. However, the MTUS Postsurgical Treatment Guidelines, for carpal tunnel syndrome, recommend postsurgical physical medicine treatment open for a period of 3-8 visits over 3-5 weeks. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. Given that postsurgical therapy is recommended for carpal tunnel syndrome per the MTUS, I find that the 8 chiropractic sessions to right wrist post-surgery to be medically necessary and appropriate.