

Case Number:	CM14-0218839		
Date Assigned:	01/21/2015	Date of Injury:	10/15/2011
Decision Date:	03/17/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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

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 58 year old female who sustained an industrial injury on October 15, 2011. She has reported bilateral wrist and hand pain and was diagnosed with bilateral carpal tunnel syndrome status post carpal tunnel release, residual carpal tunnel syndrome with median nerve neuritis, right trigger finger, index finger, long finger, ring finger, and little finger status post trigger finger release of the right long, ring, and little fingers, left trigger finger of the index, middle, and ring fingers status post trigger finger release of the left index and ring fingers, and Dupuytren's contracture, bilateral hands. Treatment to date has included medical imaging, corticosteroid injection, and surgery. Currently the injured worker complains of pain and burning in both hands and wrists with numbness and tingling in the hands and fingers. The treatment plan included Acupuncture treatment and magnetic resonance imaging of the cervical spine, bilateral wrist, and shoulder. On December 20, 2014 Utilization Review non certified 1 request for chiropractic treatment citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for chiropractic treatment (bilateral hands only): 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 is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with chronic pain in bilateral wrists and hands. Previous treatments include medications, injections, and surgeries. Although there is no document for prior chiropractic treatments, MTUS guidelines do not recommend chiropractic treatment for carpal tunnel syndrome, wrist, and hands. Therefore, the request for chiropractic treatment for bilateral hands is not medically necessary and appropriate.