

<b>Case Number:</b>	CM15-0016660		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 45 year old female, who sustained an industrial injury on 11/4/2013. The diagnoses have included bilateral carpal tunnel syndrome and neck muscle strain. Treatment to date has included carpal tunnel surgery, occupational therapy and pain medications. According to the Primary Treating Physician's Progress Report dated 12/11/2014, the injured worker complained of bilateral hand pain and numbness and right neck pain. She had completed occupational therapy for right carpal tunnel release. The injured worker reported persistent hypersensitivity to touch left middle finger and ring finger. She had rare hand numbness/tingling. Physical exam revealed tenderness to palpation of the cervical spine right trapezius, midline. Exam of the right hand revealed active range of motion and able to form a complete grip. Exam of the left hand revealed active range of motion and able to form a complete fist. Authorization was requested for chiropractic treatment. On 1/23/2015, Utilization Review (UR) modified a request for six chiropractic visits for the bilateral wrists and cervical spine to six chiropractic therapy visits for the neck only. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic Therapy Visits for the Bilateral Wrist and Cervical Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, Postsurgical Treatment Guidelines Page(s): Carpal Tunnel Syndrome Section. Decision based on Non-MTUS Citation Neck & Upper Back

**Decision rationale:** The patient has not received any chiropractic care for her neck injury. The patient is status post carpal tunnel release. She has received over 10 sessions of physical medicine treatments per the records provided post-surgery. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper back Chapters recommend a trial of chiropractic "6 visits over 2 weeks." Since the patient has never had chiropractic care to the cervical spine there is no prior evidence to examine for treatment efficacy. Therefore, per The MTUS, a trial of chiropractic care is warranted to the cervical spine. The UR department has already approved an initial trial of 6 sessions of chiropractic care to the cervical spine. The MTUS Post-Surgical Treatment Guidelines recommends 3-8 visits over 3-5 weeks of post-surgical physical medicine treatment. The patient has already received over 10 sessions of post-surgical physical medicine care for the carpal tunnel release. Given these circumstances I find that the 6 chiropractic sessions to bilateral wrists and cervical spine to not be medically necessary and appropriate.