

<b>Case Number:</b>	CM15-0119327		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 52 year old female, who sustained an industrial/work injury on 1/10/12. She reported initial complaints of bilateral wrist pain. The injured worker was diagnosed as having s/p bilateral carpal tunnel release. Treatment to date has included medication, surgery, and diagnostics. Currently, the injured worker complains of bilateral wrist pain which is constant, mild and achy. Per the primary physician's progress report (PR-2) on 6/10/15, examination revealed no bruising, swelling, atrophy, or lesion present, range of motion is normal, tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist, and volar wrist on the left, tenderness with palpation over the dorsal and volar wrist, Phalen's and Tinel's are negative. The requested treatments include chiropractic treatment for the bilateral wrists, 6 sessions post-surgical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 2x3 weeks for the bilateral wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Carpal tunnel syndrome Section.

**Decision rationale:** Per the records provided for review, the patient completed carpal tunnel release surgery in February 2015. The patient has not received any post-surgical manipulative therapy for the wrists. There are no other records in the materials provided for review to show any post-surgical therapy provided to the patient. The MTUS Post-surgical Treatment Guidelines, for carpal tunnel syndrome, recommend post-surgical physical medicine treatment, 3-8 visits over 3-5 weeks for a physical medicine treatment period of 3 months. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. In the absence of surgery, manipulation is not recommended for the wrist. This is a post-surgical case and manipulation is recommended. I find that the 6 post-surgical chiropractic sessions to the bilateral wrists to be medically necessary and appropriate.