

Case Number:	CM15-0125005		
Date Assigned:	07/09/2015	Date of Injury:	01/22/2013
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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, Minnesota
 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 40 year old male who sustained an industrial /work injury on 1/22/13. He reported an initial complaint of bilateral wrist pain. The injured worker was diagnosed as having carpal tunnel syndrome, cervical acceleration-deceleration injury, and cervical myospasm. Treatment to date includes medication, surgery (right carpal tunnel decompression on 12/4/13, left carpal tunnel release on 4/16/14, right wrist arthroscopy on 11/19/14), and chiropractic treatment. Currently, the injured worker complained of severe sharp pains down the right arm to the wrist, headaches, and neck pain. Per the primary physician's report (PR-2) on 5/20/15, exam revealed sensory loss to the C5 and C6 dermatomes, decreased grip strength on the right, bilateral trigger points, decreased cervical range of motion, positive Tinel's sign and Phalen's test. The requested treatments include Chiropractic manipulation for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation for the bilateral wrists, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the wrist is not recommended. The doctor requested Chiropractic manipulation for the bilateral wrist, 6 sessions. The request for treatment is not according to the above guidelines and therefore the request for treatment is not medically necessary.