

Case Number:	CM15-0127164		
Date Assigned:	07/13/2015	Date of Injury:	10/14/1995
Decision Date:	08/12/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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:

This is a 63 year old female with an October 14, 1995 date of injury. A progress note dated April 6, 2015 documents subjective complaints (increasing pain flare ups with pain radiating from the wrist up to the forearm; pain rated at a level of 8/10; more pain in the morning), objective findings (positive Tinel's at the wrist with pain radiating up to the forearm; positive Tinel's at the elbows; pain limited thumb abductors; erythema noted over the left greater than right thumbs with epidermal sloughing), and current diagnoses (bilateral carpal tunnel syndrome; ulnar neuropathy; radial neuropathy; de Quervain's tendonitis; repetitive strain injury). Treatments to date have included chiropractic treatments with an excellent response, exercise, and medications. The treating physician documented a plan of care that included six chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain.

Decision rationale: The claimant presented with bilateral carpal tunnel syndromes. Previous treatments include medications, physical therapy, chiropractic, and home exercises. Although evidences based MTUS guidelines do not recommend chiropractic treatments for the wrist, hand, and carpal tunnel syndromes, the claimant has had chiropractic treatments previously with improvements. However, total number of visits unclear. Based on the guidelines none recommendations for chiropractic treatments, the request for 6 chiropractic sessions for this claimant's bilateral carpal tunnel syndrome is not medically necessary.