

Case Number:	CM15-0129312		
Date Assigned:	07/15/2015	Date of Injury:	08/20/2013
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/03/2015

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:

The injured worker (IW) is a 55-year-old female who sustained an industrial injury on 08/20/2013. Diagnoses include wrist sprain/strain; hand sprain; status post surgery; and carpal tunnel syndrome. Treatment to date has included medication, chiropractic and carpal tunnel release. According to the progress notes dated 6/11/15, the IW reported right wrist and hand pain and swelling affecting the third and fourth digits. On examination, the dorsal aspect of the right hand and the third and fourth digits of the right hand were positive for tenderness. Range of motion was within normal limits, but painful on flexion and extension. Tinel's and Phalen's were positive. Grip strength was reportedly improving. A request was made for chiropractic treatment once per week for six (6) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 x wk x 6 wks: 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 and Manipulation Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the right wrist and hand with some swelling. Previous treatments included medications, chiropractic, and carpal tunnel release. Although evidences based MTUS guidelines do not recommend chiropractic treatments for carpal tunnel syndrome, wrist, and hand, the claimant has had chiropractic treatment previously with no evidences of objective functional improvement. Based on the guidelines cited, the request for chiropractic treatments is not medically necessary.