

<b>Case Number:</b>	CM15-0177845		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 46 year old female, who sustained an industrial injury on 1-6-14. The injured worker was diagnosed as having backache NOS; Chronic Pain Syndrome; carpal tunnel syndrome. Treatment to date has included physical therapy; acupuncture; urine drug screening; medications. Diagnostics studies included Ultrasound bilateral shoulders (10-22-14). Currently, the PR-2 notes dated 8-17-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker "complains of flare-up of bilateral thumb, index and third finger numbness and tingling, swelling and reports dropping objects". The provider marks the notes with a pain scale of "8 out of 10" with "moderate to severe, frequent, constant, burning, numbness, weakness, ache" type pain. The injured worker reports complaints of "flare-up of low back pain with radiating pain to the LE" [left extremity] numbness and tingling. The provider marks the notes with a pain level of "8 out of 10" describing the symptoms with "moderate; severe; frequent, constant, cramping, burning, numbness, weakness." The provider hand writes a physical examination noting the lumbar spine: tender to palpation of the paravertebral muscles bilaterally, "QL right greater than left; facets right greater than left; the bilateral wrists with" swelling at dorsal wrists right and left; positive Tinel's right and positive Phalen's bilaterally. A Request for Authorization is dated 9-9-15. A Utilization Review letter is dated 9-4-15 and non-certification for Chiropractic services with exercises, modalities, manipulation and myofascial release 2 times a week for 4 weeks for bilateral wrists and low back. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines stating "When noting the diagnosis of carpal tunnel syndrome and that this pain has been ongoing for a number of months,

also taking into account the specific parameters noted in the MTUS that chiropractic care for forearm, wrist, and hand is not recommended, there is no clear clinical indication to support this request. There is support for chiropractic and selective diagnosis, however, carpal tunnel syndrome is not one of these diagnoses. Furthermore, the progress notes indicate a pending electrodiagnostic assessment. Therefore, this is not clinically indicated and is recommended for non-certification." The provider is requesting authorization of additional chiropractic services with exercises, modalities, manipulation and myofascial release 2 times a week for 4 weeks for bilateral wrists and low back.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic services with exercises, modalities, manipulation and myofascial release 2 times a week for 4 weeks for bilateral wrists and low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Wrist, Forearm and Hand, Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement, but it does not recommend manipulation for carpal tunnel syndrome and the wrist. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG does not recommend manipulation to the wrist and carpal tunnel syndrome. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the lumbar spine and carpal tunnel syndrome to not be medically necessary and appropriate.