

Case Number:	CM15-0074588		
Date Assigned:	04/24/2015	Date of Injury:	10/09/2014
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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 57-year-old female injured worker suffered an industrial injury on 10/09/2014. The diagnoses included right and left upper extremity overuse syndrome and right/left carpal tunnel syndrome. The diagnostics included electro myographic studies/nerve conduction velocity studies. The injured worker had been treated with TENS and splints. On 2/17/2015, the consulting provider reported history of stiffness and pain in the hands, intermittent pain numbness and tingling sensations involving fingers. She also complained of stiffness and pain in the elbow more pronounced in the right along with neck pain. The pain level in the wrists 4 to 8/10, elbows 5 to 7/10 and right shoulder 4 to 5/10. There was tenderness of the elbows and right wrist. The treatment plan included Chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, physiotherapy kinetic activities to the left wrist/hand 2 times a week for 6 weeks: 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. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome and Hand & Wrist Chapters, Manipulation Sections.

Decision rationale: It is not clear from the records provided if the patient has received prior chiropractic care to the wrists. The patient is not post-surgical. Carpal tunnel release has not been provided. Had surgery been provided manipulation would have been warranted per The Post-Surgical Treatment Guides. The MTUS and ODG Carpal Tunnel Syndrome and Wrist/Hand Chapters do not recommend chiropractic care. I find that the 12 chiropractic sessions requested to the wrists to not be medically necessary and appropriate.