

<b>Case Number:</b>	CM15-0098578		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 is a 43 year old male, who sustained an industrial injury on August 25, 2011. He reported right wrist pain. The injured worker was diagnosed as having right carpal tunnel syndrome with ulnar neuritis. Treatment to date has included diagnostic studies, therapy, medications and work restrictions. Currently, the injured worker complains of right wrist pain with associated tingling and numbness of the right hand and fingers. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 25, 2014, revealed continued right elbow, wrist and hand pain with associated symptoms as noted. Electrodiagnostic studies were noted to clearly delineate mild to moderate carpal tunnel syndrome and mild cubital tunnel syndrome consistent with the injured worker's right upper extremity symptoms. Surgical intervention of the right upper extremity was recommended. Evaluation on January, 27, 2015, revealed continued pain as noted however there was noted improvement with therapy and medications. Evaluation on March 3, 2015, revealed continued pain with associated symptoms. Chiropractic treatments were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 6 sessions:** 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 Medical treatment utilization schedule guidelines, page 58: Manual therapy & manipulation.

**Decision rationale:** The medical necessity for the requested 6 chiropractic treatments for the right wrist was not established. Medical treatment utilization schedule guidelines do not support manipulation for wrist complaints. There is no evidence of any significant findings that would suggest that the claimant is an outlier to the guidelines. Therefore, the medical necessity for the requested 6 chiropractic treatments was not established.