



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 41 year old male patient with chronic right hand, right wrist and elbow pain, date of injury 12/12/2011. Previous treatments incl According to the available medical records, this is a 41 year old male patient with chronic right hand, right wrist and elbow pain, date of injury 12/12/2011. Previous treatments include medication, topical pain cream, injection, brace, physical therapy and work modification. PR-1 report dated 08/15/2013 by [REDACTED] revealed right wrist and hand frequent moderate to severe burning and throbbing pain, the pain aggravated by gripping and grasping, sleeping and doing housework, pain starts at elbow and radiates to the pinky finger and middle finger, numbness over the right arm, right elbow pain that is intermitten slight to moderate, burning and throbbing, the pain aggravated by sleeping and doing house work; exam of the right elbow revealed +3 spasm and tenderness to the right medical epicondyle into the common flexor muscle and tendons, limited and painful flexion, painful supination; exam of the right wrist and hand revealed decreased sensation over the palmar surface of the fingers, +3 spasm and tenderness to the right anterior wrist extending proximally up the flexor muscles, limited and painful flexion and extension, Bracelet test and Tinel's (carpal and Guyon) test was positive on the right; diagnosis include Carpal tunnel syndrome, tendinitis/bursitis of the hand/wrist, medial epicondylitis of the elbow.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Chiropractic follow-up visit with range of motion measurement is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low back chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Chronic pain, pages 58-59, which is part of the MTUS. The Physician Reviewer also based his/her decision on the AMA Guides to the Evaluation of Permanent Impairment, 5<sup>th</sup> edition, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS guidelines do not recommend chiropractic treatment for carpal tunnel syndrome nor forearm, wrist, hand. A thorough reviewed of MTUS guidelines and ACOEM provides no evidence to support Range of Motion as a separate and distinct procedure, but should be a part of a routine musculoskeletal evaluation and AMA guides recommend and inclinometer as a preferred device. Therefore, chiropractic follow-up visit with range of motion measurement is NOT medically necessary.

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[REDACTED]

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