

Case Number:	CM13-0018097		
Date Assigned:	10/11/2013	Date of Injury:	10/22/2010
Decision Date:	01/14/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine & Rehabilitation, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female who reported a work related injury on 10/22/2010, specific mechanism of injury not stated. The patient presents for treatment of chronic bilateral elbow, wrist, and right shoulder pain. The clinical note dated 08/14/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presented with complaints of 6/10 to 7/10 pains to a right shoulder. The provider documented the patient complained of bilateral elbow and wrist pain as well. The provider documents upon physical exam of the patient, right shoulder tenderness was noted as well as restricted range of motion. The provider documents tenderness to the bilateral elbows was noted which had decreased from the last visit. Mills test was positive bilaterally. The provider documented the patient has grade I to II tenderness to palpation which is decreased from III on the last visit. There was restricted range of motion noted. The provider documented the patient reported chiropractic therapy helps in decreasing her pain and tenderness. The provider documented that the patient presented with the following diagnoses: right shoulder strain, right shoulder impingement, right shoulder rotator cuff tear, bilateral elbow lateral epicondylitis, bilateral elbow cubital tunnel syndrome, bilateral wrist carpal tunnel syndrome, bilateral wrist chronic overuse syndrome, and depression. The provider recommended the patient continue with chiropractic treatment as well as her medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic sessions for the bilateral wrists/hands including evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with multiple bodily injury pain complaints status post an unspecified injury sustained in 10/2010. The provider is recommending the patient continue to utilize chiropractic treatment; however, California MTUS indicates, "The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." The clinical documentation submitted for review reported the patient was receiving chiropractic treatment to her bilateral upper extremities. California MTUS does not support chiropractic manipulation to the forearm, wrist or hands. Given all of the above, the request for 12 chiropractic sessions for the bilateral wrists/hands including evaluation is not medically necessary or appropriate.

1 bilateral wrist brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: Review of the clinical notes documents the patient had previously utilized splinting for her bilateral carpal tunnel syndrome diagnoses. It is unclear when the patient was last administered splints for the bilateral wrists and the efficacy of splinting for the patient's carpal tunnel symptomatology. California MTUS/ACOEM Guidelines indicate, "Splinting is utilized in the initial treatment of carpal tunnel syndrome including night splints. Day splints can be considered for patient comfort as needed to reduce pain along with work modifications." Given all of the above, the request for bilateral wrist brace is not medically necessary or appropriate.

1 urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The current request is not supported. The clinical notes evidence the patient is utilizing Omeprazole, ibuprofen, and topical analgesics for chronic pain complaints. There was no documentation submitted evidencing the patient utilizes opioids for her pain complaints. In addition, the clinical notes failed to indicate when the patient last underwent a urine drug screen, as the clinical notes do not evidence the patient presents with any aberrant behaviors or noncompliance noted in the clinical notes with her current medication regimen. The California MTUS Guidelines indicate, "Diagnostic testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs." Given all of the above, the request for 1 urine toxicology screen is not medically necessary or appropriate.