

Case Number:	CM13-0022335		
Date Assigned:	11/13/2013	Date of Injury:	01/07/2013
Decision Date:	01/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 and 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:

Patient is a 23 year old, female customer service assistant who developed pain to both of her wrists due to repetitive motion of typing and the use of a mouse with a documented injury date of 01/07/13. [REDACTED] 8/26/13 report indicates diagnoses of bilateral carpal tunnel symptoms, bilateral mild de Quervain's tenosynovitis, possible cubital tunnel syndrome, and right radial tunnel syndrome. Within this recent report, the patients' subjective complaints are chiefly from pain in the right wrist and elbow, with pain at 6-7/10. [REDACTED] notes on this report that the patient has completed 16 chiropractic treatments and a trial of acupuncture with only mild relief. In his initial treatment report dated 3/28/13, [REDACTED] mentioned the patient receiving PT that also did not provide relief. The request under consideration is for 8 additional chiropractic visits, which are more accurately defined as hand therapy delivered by a chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic treatment visits for the right wrist/hand and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Online Version

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: Under the chronic pain section of MTUS, chiropractic treatment is not recommended for the forearm, wrist, and hand, nor is it recommended for carpal tunnel syndrome (p. 58-59). However, the actual chiropractic therapy provided by [REDACTED] appears to be tailored to approximate hand therapy (PT), as indicated by [REDACTED] report from 6/14/13 that requests "bilateral wrist/hand chiropractic physiotherapy with paraffin wax treatment for therapeutic purposes to decrease pain and increase function," which is exactly what [REDACTED] reports on each of the 16 treatment records provided. MTUS does recommend the use of physical therapy up to 9 times over eight weeks for myalgia's and myositis', with continuation or modification of pain management contingent on the patient's progress toward treatment objectives (p. 98-99). There is no indication in [REDACTED] reports of functional improvement as defined under MTUS as "either a clinically significant improvement in activities of daily living or a reduction in work...and a reduction in the dependency on continued medical treatment" (Title 8 CCR Â§ 9792.20. f). Interestingly, there is also no indication by [REDACTED] of reduced pain or increased range of motion in his 8/26/13 report, which are the treatment objectives defined by him in his 6/14/13 report. There is also an absence of documented pain improvement in the last chiropractic/PT treatment report by [REDACTED] on 8/22/13 that indicates the patient's VAS pain scale for the right wrist as 7/10, which is unchanged from the first chiropractic/PT treatment report penned by him on 6/24/13. Furthermore, the extension and flexion results of the right wrist worsened by 10 degrees between 6/14/13 and 8/22/13 on [REDACTED] reports, which represents the span of time the chiropractic/PT therapy occurred. Therefore, since the 16 chiropractic/PT hand therapy treatments surpass the 9 recommended by MTUS without demonstrating functional improvement, recommendation is for denial.