

Case Number:	CM13-0025617		
Date Assigned:	01/03/2014	Date of Injury:	06/24/2011
Decision Date:	03/18/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Licensed in Chiropractic Care, 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 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/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:

This is a 50-year-old who sustained injury on 06/24/2011. Mechanism of injury is unknown. She underwent flexor tenosynovectomy, carpal tunnel release, limited internal neurolysis under magnification of median nerve and third digit tenosynovectomy, tenolysis and release performed on 06/06/2013 by [REDACTED]. She underwent flexor tenosynovectomy, carpal tunnel release, limited internal neurolysis and magnification, median nerve performed on 08/13/2013 by [REDACTED]. Past surgical history includes right shoulder surgery. She was treated with conservative care including physical therapy, acupuncture, and medications. A handwritten clinic note dated 09/05/2013 indicates she presented with right wrist numbness and tingling, overall improved. Objective exam showed right wrist well-healed surgical scars, right wrist flexion 70, extension 41, radial deviation 10, and ulnar deviation 21. Normal thenar or hypothenar muscles. Plan was chiropractic therapy as directed and follow up on 09/25/2013. A followup clinical note dated 09/25/2013 indicates she presented with numbness and tingling are gone, complained of itching over the suture, acupuncture sessions requested but not authorized. Objective findings included healing surgical scar to carpal tunnel release, no evidence of infection, minimal swelling. Right SIJ tenderness, Positive right Genslen and SIJ stress test. Plan was request authorization for post-op chiropractic services to the right wrist 3x4 weeks and no response to request for acupuncture to the lower back pain 2x3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative chiropractic treatment with exercises and modalities to the right wrist, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the chiropractic treatment is not recommended for ankle/foot; carpal tunnel syndrome; forearm, wrist, and hand; and knee. The patient has undergone right carpal tunnel release and the request is for post-op chiropractic sessions to the right wrist 3x4 weeks. The request for post-operative chiropractic treatment with exercises and modalities to the right wrist, 12 sessions, is not medically necessary or appropriate.