

Case Number:	CM13-0028186		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2011
Decision Date:	03/14/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/23/2013

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 Chiropractic, and is licensed to practice in Texas. 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 34-year-old female who reported an injury on 07/13/2011. The patient reportedly developed progressive numbness and tingling in the right upper extremity while performing fulltime duties as a data entry receptionist. The patient is diagnosed with overuse syndrome, epicondylitis, pain in a joint of the upper arm, myofascial pain, and cervical radiculopathy. The patient was seen on 07/15/2013. The patient reported persistent right upper extremity pain. Physical examination revealed decreased range of motion with spasm and decreased grip strength bilaterally. Treatment recommendations included an orthopedic evaluation, continuation of current medications, and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Chiropractic visits for treatment of the elbow and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: The California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition.

Treatment for the forearm, wrist, and hand is not recommended. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.