

Case Number:	CM13-0032608		
Date Assigned:	06/06/2014	Date of Injury:	02/19/2013
Decision Date:	07/14/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractics 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:

The patient is a 53-year-old female who was injured on 02/19/2013. She hit her right hand while cleaning. Diagnostic studies reviewed include magnetic resonance imaging (MRI) of the right hand without contrast performed on 06/06/2013 revealed no acute fracture or dislocation. There is subtle increased marrow signal about the second proximal interphalangeal (PIP) joint on sagittal proximal-distal (PD) fat saturated (fat-sat) images. Progress report dated 08/02/2013 indicates the patient had complaints of pain in her right hand. She rated her pain as 7/10 and was dull in nature with pins and needles sensation. She reported that grabbing things made her pain worse. She stated the pain was interfering with activities of daily living. Her grip strength exhibited right hand strength is 0, 0 lbs: Left hand strength is 20, 20, 20 lbs. The right upper extremity revealed pain in the anatomic snuff box and positive pain on the ulnar, radial deviation of the wrist flexion. She had positive Phalen's and positive compression test over the median nerve, mild phenar atrophy, and mild abductor pollicis brevis weakness, and positive Durkan's test. Her elbow range of motion exhibits flexion to 140 degrees. Examination of the bilateral wrists exhibits flexion to 70; extension to 60 degrees; ulnar deviation to 40 degrees; radial deviation to 20 degrees; pronation to 80; supination to 80 degrees. Diagnosis is right wrist sprain/strain; rule out right carpal tunnel syndrome. An electromyogram (EMG) has been recommended as well as physical therapy. She was instructed to take anti-inflammatories to minimized gastritis especially Relafen and omeprazole. On initial consultation dated 06/07/2013 indicated the patient was given anti-inflammatories and home exercise treatment and she reported the treatment was not helpful. On 12/02/2013, the patient started complaining of right wrist pain which was complicated by numbness and tingling. He was diagnosed with carpal tunnel syndrome. Prior utilization review dated 09/26/2013 states the request for chiropractic twice a week for 6 weeks for the right wrist is modified to 4 visits of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2XWK X 6WKS RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

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

Decision rationale: Per the CA MTUS guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. However, the guidelines do not recommend chiropractic treatment for forearm, wrist, and hand condition. Therefore, this request for chiropractic treatment 2 times per week for 6 weeks to the right wrist for a diagnosis of wrist sprain/strain is not medically necessary and appropriate.