

Case Number:	CM13-0032754		
Date Assigned:	12/06/2013	Date of Injury:	08/05/2013
Decision Date:	03/12/2014	UR Denial Date:	09/05/2013
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 Chiropractor and Acupuncturist and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 injured worker is a 39 year old female who reported left wrist pain from repetitive injury sustained between 2/01/10- 2/01/13. The patient was doing her regular and customary duties of computer data entry, and lifting and carrying files when she began having pain. X-rays of left wrist were unremarkable. The patient was diagnosed with Left wrist sprain/ strain. The patient was treated with Acupuncture, Chiropractic, and Physical therapy. Patient was seen for a total of 10 chiropractic visits. Per notes dated July 25, 2013, the patient reported improving left wrist pain, full range of motion muscle testing of 4/5. Notes dated August 7, 2013 and August 21, 2013 had similar findings. The patient has full range of motion and the pain is decreasing; however there are no objective findings supporting any functional improvement with Chiropractic treatment. The patient remains on modified duty. He patient hasn't had any long term functional relief with Chiropractic care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of extra spinal chiropractic manipulation, multi-modality 2 times a week for 2 weeks (2x2): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59 "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Forearm, wrist, hand: Not recommended. Treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Per Occupational Medicine practice guidelines Chapter 11 Page 265 "Manipulation has not been proven effective for patients with pain in the hand, wrist, or forearm". Patient had 10 prior chiropractic visits which did not result in any functional improvement. Per MTUS guidelines page 98-99 under Physical medicine "Passive therapy can provide short term relief during early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injury". "Myalgia and myositis 9-10 visits over 8 weeks." The patient has already had 10 prior visits. Per guidelines, Chiropractic treatment is not recommended for hand or wrist pain. Per review of evidence and MTUS guidelines, Chiropractic treatment 2X2 is not medically necessary.