

Case Number:	CM13-0034022		
Date Assigned:	12/06/2013	Date of Injury:	05/03/2010
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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 57-year-old female who reported a work-related injury on 05/03/2010 as a result of repetitive motion to the bilateral upper extremities. The clinical note dated 08/23/2013 reports the patient was seen under the care of [REDACTED], chiropractor. The provider documents the patient presents with constant right shoulder, left wrist, and right wrist pain complaints. Upon physical exam of the patient's right shoulder, abduction was noted to be at 130 degrees, adduction 40 degrees, extension 50 degrees, external rotation 90 degrees, flexion 130 degrees, and internal rotation 80 degrees. The provider documented bilateral wrist exam revealed +3 tenderness to palpation at the dorsal wrist. The provider recommended chiropractic treatment 2 to 3 times per week for 6 weeks, kinetic activities 2 to 3 times per 6 weeks, bilateral soft wrist and thumb bracing for support, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, 2 times per week for 6 weeks for the right shoulder, left wrist, and right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates manual therapy is widely use in treatment of musculoskeletal pain. The intended goal of effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Additionally, California MTUS does not support chiropractic interventions to the wrist. The patient presents status post sustaining a work-related injury of over 3 years' time. It is unclear if the patient had previously utilized chiropractic treatment and the efficacy of treatment. Furthermore, the clinical notes lack documentation of the patient's utilization of lower levels of conservative treatment such as a medication regimen, home exercise program, and other lower levels of treatment modalities for her current pain. Given all of the above, the request for chiropractic sessions, 2 times per week for 6 weeks for the right shoulder, left wrist, and right wrist is not medically necessary or appropriate.