MAXIMUS Federal Services

Case Number:	CM13-0038410		
Date Assigned:	12/18/2013	Date of Injury:	05/29/2012
Decision Date:	02/19/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/25/2013

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 Care 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 51-year-old female who reported an injury on 05/29/2012. The mechanism of injury was continuous trauma related to job duties. The patient was initially diagnosed with bilateral wrist sprains and was provided medications, rest, and activity modification. She received an unknown duration of physical therapy with minimal relief. A Functional Capacity Exam performed on 02/07/2013 noted that the patient demonstrated low physical effort; her efforts related to her ability and reporting symptoms were inconsistent. The patient has been under the care of a chiropractor since approximately 07/2013. The earliest chiropractic note was dated 07/26/2013 and objective findings on this date included minimally restricted wrist range of motion in all directions with some pain and a dramatic improvement in grip strength on both sides compared to initial examination objective values were not provided, however. The most recent chiropractic note dated 09/09/2013 stated again that range of motion was minimally restricted in all directions with a dramatic improvement in grip strength; however, it noted that both forearms and wrists were markedly swollen and were moderately tender to touch. The patient continues to complain of right wrist, palm, and forearm pain with numbness and tingling in all 5 fingers and rates her pain as 4/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY 2X6 TO BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 268-269,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand chapter.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions. Guidelines also state, however, that manual therapy and manipulation is not recommended for the forearm, wrist, or hand. As such, the request for chiropractic therapy 2 x 6 to the bilateral wrists is non-certified.

EMG/NCS TO BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 268-269,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 258-262.

Decision rationale: The California MTUS/ACOEM Guidelines state that nerve conduction studies can be used to confirm carpal tunnel syndrome; however, electromyography or EMG is reserved for more difficult cases. Guidelines state that nerve conduction studies should be performed for patients who exhibit carpal tunnel syndrome symptoms on physical examination. Symptoms can include numbing or tingling primarily in the thumb, index, and long finger or the wrist; a positive Tinel's sign; a positive Durkan's test; or a positive Phalen's sign. Guidelines also state that these special studies should be performed only after evidence of failed conservative care. As physical therapy notes were not provided, there is no indication that the patient has failed conservative care. In addition, the chiropractic notes from 07/2013 to 09/2013 state that the patient's grip strength has dramatically improved and that range of motion was only minimally restricted. There was not sufficient clinically objective evidence on physical examination to warrant an electrodiagnostic study. As such, the request for EMG/NCS to bilateral upper extremities is non-certified.