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| Case Number: | CM13-0045405 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/22/2012 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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/ Acupuncture 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 injured worker is a 41 year old male who reported right hand and wrist pain from injury sustained on 6/22/12. Patient was doing his regular and customary duties on day of injury. He was lifting a floor mat when he noticed ulnar-sided wrist pain and numbness affecting pinky and ring finger. MRI and X-rays were unremarkable. Patient was diagnosed with right wrist pain, right tenosynovitis and right carpal tunnel syndrome. Patient has been treated with medication, injection and wrist brace. Patient hasn't had any long term symptomatic or functional relief with prior care. Per notes dated 10/11/13, pain is 6-9/10; range of motion is decreased by 60%. Patient continues to have pain and flare-ups. He still remains symptomatic and out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions of 2x4 weeks for right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. 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): 265, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: 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 gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Carpal tunnel syndrome: Not recommended. Forearm, wrist, hand: Not recommended". Per Occupational medicine practice guidelines chapter 11 "Manipulation has not been proven effective in patients with pain in the hand, wrist, or forearm". MTUS guidelines do not recommend Chiropractic for hand and wrist complaints. Per review of evidence and guidelines, 2X4 Chiropractic treatments are not medically necessary.