

Case Number:	CM13-0046247		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2001
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic 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 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 injured worker is a 57 year old female who reported neck pain, bilateral wrist pain, elbow pain and shoulder pain from injury sustained on 6/15/01. Patient was doing her regular and customary duties of flipping bundles into a hooper when she experienced the pain. MRI dated 5/15/03 of the cervical spine, bilateral wrists, and bilateral brachial plexu. Patient was diagnosed with Carpal tunnel syndrome, Lateral epicondylitis and shoulder cuff tendinitis. Patient was treated with extensive medication, Chiropractic and Right carpal tunnel release on 12/2/04. Patient had chiropractic treatment in 2006, 2008, 2010, 2011 and 2012. Per notes dated 10/1/13 patient continues to have flare-ups of bilateral upper extremity pain more right than thee left, Decreased sensation and focal swelling. The patient has been taking extensive medications including Valium, Oxycontin, Daypro, Zanaflex and Norco. Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. Patient continues to have pain and flare-ups. Patient's progress has come to a plateau. She 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 Therapy with extra time requested for 2 visits to perform interferential therapy; 4 visits (2 x 1 then 1 x 2) for Enthesopathy of the bilateral wrist & elbow with fascitis.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation, Transcutaneous Electrotherapy. Page(s): 58, 114.

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 measurable 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 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 review of evidence, the patient has had extensive chiropractic care without any function improvement. Per MTUS guidelines Manual therapy is not recommended for carpal tunnel, forearm, wrist or hand. Per Transcutaneous electrotherapy guidelines Page 114 "Not recommended as a primary treating modality". Per review of evidence and guidelines, chiropractic visits are not medically necessary.