

Case Number:	CM13-0049619		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2012
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/08/2013

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 a licensed Chiropractor 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:

Per the records provided the patient in this case is a 50 year old female who sustained an injury to her right hand and wrist on 7/18/2012 due to repetitive movements. She was treated by a physician and given medications. Treatments rendered included Orthopedic surgeon consultations, chiropractic care (12 sessions), conservative care modalities, and several types of prescription medications. The chief complaints under consideration in this review are right wrist, shoulder, and arm pains. An MRI study performed on 10/13/12 revealed a "subchondral defect of the lunate bone could represent vascular necrosis." NCV study performed revealed findings "consistent with median entrapment neuropathy of the wrist (carpal tunnel syndrome) affecting both the median, sensory and motor nerve fibers." On 7/2/13 the patient underwent a right carpal tunnel release. Post-operative treatment consisted of 12 chiropractic care sessions per records provided and as stated by the orthopedic surgeon's pre-op report. A request for 8 sessions of chiropractic to the right wrist has been made post-op (carpal tunnel release) by the treating chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro post op care 2 times a week for 3 weeks- right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Forearm, Wrist and Hand Chapter, carpal Tunnel Syndrome Section

Decision rationale: This is a post-op treatment request. Two PR-s reports are provided by the treating chiropractor. One is dated 9/4/13 and the other is dated 10/7/13. These are the only chiropractic records available for review. The report dated 9/4/13 indicates jamar measurements of the right wrist to be 30, 30, 30. The report of 10/7/13 provides the jamar measurements of the right wrist to be 21 and 28. The wrist strength actually declined after the therapy provided on 9/4/13. Objective functional improvement data of the patient from chiropractic care to the right wrist is not available in the records as defined in the MTUS definitions from any of the other visits. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines, p. 58-59, state that Manual therapy and manipulation is "not recommended" for carpal tunnel syndrome. ODG Guides Forearm, Wrist and Hand chapter, manipulation section states that manipulation is "not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies." ODG Postsurgical Treatment Guidelines, Appendix E page 16 states "In summary, limited evidence suggests that carpal bone mobilization improves symptoms in the short-term (with three weeks of treatment). Limited evidence also suggests that carpal bone mobilization does not improve short-term pain, hand function, wrist motion, upper limb tension test findings or the subsequent need for surgery." Given that chiropractic records that show objective functional improvements and measurable gains do not exist, I find that the 8 chiropractic therapy sessions to the right wrist to not be medically necessary and appropriate.