

Case Number:	CM13-0052639		
Date Assigned:	12/30/2013	Date of Injury:	04/15/2013
Decision Date:	03/12/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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, has a subspecialty in 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 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 25-year-old with a date of injury of 4/15/2013. According to the progress report dated 10/17/2013, the patient complained of left elbow and wrist pain. The pain was intermittent and moderate. There was stiffness and heaviness in the left elbow. There was numbness in the left wrist with pushing, pulling repetitively, and turning. Significant objective findings include decrease range of motion in the left elbow and wrist, +3 tenderness to palpation of the anterior elbow, lateral elbow, medial elbow, posterior elbow, dorsal wrist, medial wrist, and volar wrist. The patient was diagnosed with left elbow myofascitis 729.1, left elbow sprain/strain 841.9, left carpal sprain/strain 842.01, left wrist myofascitis 729.1, and left wrist sprain/strain 842.00

IMR ISSUES, DECISIONS AND RATIONALES

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

Two to Three sessions of chiropractic care per week, for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend manipulation for the forearm, wrist, and hands. The

patient complained of wrist and hand pain. The request for 2-3 sessions of Chiropractic care per week, for six weeks, is not medically necessary or appropriate.

Acupuncture, 1-2 sessions per week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline states that acupuncture may be extended if functional improvement is documented as defined in the Acupuncture Medical Treatment Guidelines. Records indicate that the patient had prior acupuncture care. There was no documentation of functional improvement from acupuncture in the submitted documents. The request for Acupuncture, 1-2 sessions per week for six weeks, is not medically necessary or appropriate.