

Case Number:	CM13-0058480		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2011
Decision Date:	08/22/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in 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:

The injured worker is a 47 year old female with a reported date of injury of October 16, 2011. The mechanism of injury is described as the worker fell onto her right side and onto an outstretched arm. Records indicate the injured worker experienced low back and right arm/hand complaints as a result. On February 13, 2013 lumbar surgery consisting of bilateral laminectomy and foraminotomy at L5-S1 is noted. The records indicate the patient subsequently completed eight sessions of post op physical therapy as of June 27, 2013. Continued complaints of low back and lower extremity complaints are noted and was subsequently treated with an epidural steroid injection (ESI). An initial evaluation dated August 08, 2013 was submitted from a chiropractor. The report describes complaints of right hand/wrist pain with numbness and tingling. Forearm/Wrist/Hand examination findings include: no gross deformity; mild partial swelling in 1st metacarpal phalangeal joints of digits 2 and 3; flexion 12/60, extension 40/60, ulnar deviation 10/40, radial deviation 15/20; upper extremity deep tendon reflexes within normal limits; circumferential measurements-right biceps 28.5 centimeter, left biceps 29 centimeter, right mid forearm 24.5 centimeter, left mid forearm 25 centimeter; positive Tinel's test; positive Prayer test. Diagnosis rendered includes: right wrist sprain/strain and right carpal tunnel syndrome. Proposed treatment includes: upper extremity, physical therapy modalities, therapeutic exercise, and upper extremity electrodiagnostic study (EMG/NCV). A report dated August 8, 2013 from an Occupational Injury & Illness center is submitted from the chiropractor. Treatment requested includes: massage therapy and/or myofascial release two times per week with re-examination in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 TIMES A WEEK FOR 4 WEEKS BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

Decision rationale: Manual therapy and manipulation is 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. MTUS Guidelines notes manual therapy and manipulation is not recommended for carpal tunnel syndrome. The request for treatment to include Certified Massage Therapy and myofascial release for the carpal tunnel syndrome diagnosis is not supported with the application of MTUS Guidelines.