

Case Number:	CM13-0059788		
Date Assigned:	07/02/2014	Date of Injury:	07/28/2010
Decision Date:	07/31/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Board Certified in Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 48 year old female who was injured on 5/23/12 when she reached with her left hand to enter the court room while carrying her working machine that weighed 10-20 pounds on her right hand when she noticed a sharp pain to her right hand, right wrist and neck. She also has two cumulative trauma cases dated 7/28/09-7/28/10 and 8/20/11-8/20/12. There is also a date of injury 7/28/10 listed in the records. According to the records the accepted body parts for 7/28/10 and/or 5/23/12 are neck, right wrist, hand and fingers. She has worked 25 years as a court reporter. On 9/18/12 an EMG/NCV of the upper extremities revealed bilateral CTS. Apparently MRI's of the cervical and wrists have been completed but the results were not found in the records. Treatment has consisted of medications, physical therapy, acupuncture and chiropractic manipulation with no specific amounts given over the years as well as wrist splints/braces and cortisone injections. The doctor is now requesting Chiropractic treatment to the cervical spine and bilateral wrists at 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY: CHIROPRACTIC TREATMENT CERVICAL SPINE AND BILATERAL WRISTS 2 X 6 WEEKS: Upheld

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

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

Decision rationale: The medical doctor has not shown objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition the amount of chiropractic treatment requested for the cervical spine does not follow the MTUS Chronic Pain guidelines listed above. Chiropractic treatment for carpal tunnel syndrome, forearm and wrist/hand is not recommended based on the MTUS Chronic guidelines. The requested treatment to the cervical spine and bilateral wrists of 2 times per week for 6 weeks is not medically necessary.