

Case Number:	CM13-0061426		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2013
Decision Date:	06/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/05/2013

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, 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 applicant is a 42 year old female with a date of injury of 5/1/13. The medical records provided for review indicate bilateral wrist and hand pain as documented on 11/21/13. Examination on 11/21/13 demonstrated findings consistent with right wrist tenosynovitis and right hand pain. An MRI of the right wrist revealed a small effusion around the scaphoid without significant abnormality of the bones in the carpus, and does not exclude carpal tunnel syndrome which should correlate with nerve conduction studies. Treatment has included Voltaren gel 1%, Celebrex 200mg, and Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIRO/PHYSIOTHERAPY FOR BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that 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. It is recommended for

the low back, but not for the ankle, foot, forearm, wrist, hand, and/or knee, or for the treatment of carpal tunnel syndrome. As the wrist is not an acceptable body part for manual therapy, the request is not medically necessary.