

Case Number:	CM13-0066721		
Date Assigned:	01/03/2014	Date of Injury:	01/26/2013
Decision Date:	03/28/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 Care 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 patient is a 32 year old female who sustained an injury to her right shoulder, both wrists and elbows on 1/26/2013 as a result of performing repetitive gripping, grasping and arm movement. The subjective complaint reported per treating chiropractor's report is not listed in the reports provided. The patient has been treated with medications, physical therapy and chiropractic care. The patient is status post right wrist carpal tunnel release. The diagnoses assigned by the treating physician are impingement syndrome of the right shoulder, epicondylitis left and right elbow status post injection for right elbow, bilateral carpal tunnel syndrome and wrist joint inflammation . MRI studies dated 2/5/13 have revealed for the left wrist: "mild edema to the extensor carpi ulnaris," and for the right wrist: "Slight distention of the extensor carpi ulnaris and distention of the distal radioulnar joint." PTP is requesting for 10 additional sessions of chiropractic care to the wrist post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional chiropractic therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Section and the Post-Surgical Treatment Guidelines. Page(s): 58-.

Decision rationale: The patient is status post-surgical for the right wrist. The patient has already completed 10 sessions of chiropractic care to the right wrist. The records provided for review consist of several consultative reports and one chiropractic treatment report. There are no objective functional improvement data from prior chiropractic treatments rendered in the records as defined in the MTUS definitions. 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." The California MTUS Chronic Pain Medical Treatment Guidelines and ODG Wrist and Hand Chapter state that manual therapy and manipulation is "not recommended" for wrist and hand. The California MTUS Postsurgical Treatment Guidelines are silent on the issue of chiropractic care post carpal tunnel release and only discuss occupational therapy and physical therapy. Given that objective functional improvements and measurable gains do not exist in the chiropractic records as defined in the MTUS, 10 chiropractic sessions to right wrist is not medically necessary and appropriate.