

Case Number:	CM13-0070703		
Date Assigned:	01/08/2014	Date of Injury:	11/30/2009
Decision Date:	06/05/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/26/2013

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 Chiropractic and is licensed to practice in Texas. 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 33 year old female who reported an injury on 11/30/2009 secondary to unknown mechanism of injury. The diagnoses included bilateral carpal tunnel syndrome and right lateral epicondylitis. The injured worker was evaluated on 11/12/2013 for reports of continuous bilateral wrist pain with numbness, tingling and weakness. The exam noted the left wrist range of motion had flexion at 55 degrees, extension at 53 degrees, radial deviation at 17 degrees and ulnar deviation at 25 degrees. The right wrist range of motion was noted to be flexion at 52 degrees, extension at 57 degrees, radial deviation at 17 degrees and ulnar deviation at 25 degrees. There was a bilateral positive Phalan's test, Tinel sign, compression test over the median nerve and pain over the right lateral epicondyle. The treatment plan included home exercise program, brace and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE CHIROPRACTIC TREATMENT OF RIGHT WRIST, HAND AND ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: The request for continue chiropractic treatment of right wrist, hand and elbow is non-certified. The California MTUS Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The guidelines also recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no evidence of exhaustion of conservative measures such as NSAIDs and physical therapy in the documentation provided. There is also no number of visits in the request. In addition, the injured worker's function and pain level was not quantified before and after chiropractic care to establish efficacy of prior therapy. Therefore, based on the documentation provided, the request is not medically necessary or appropriate.