MAXIMUS Federal Services

Case Number:	CM14-0004672		
Date Assigned:	01/22/2014	Date of Injury:	01/27/2013
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 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 claimant is a 44-year old male, born on 02/06/1970, who experienced a work-related injury on 01/27/2013. The patient presented for initial examination on 03/26/2013, reporting while at work he was removing potatoes from a barrel and then he began breading them, soon afterward experiencing numbness and tingling in both wrists with associated pain in both wrists which radiated proximally into the forearms and distally to both hands. The patient was diagnosed with bilateral wrist tendinitis and bilateral carpal tunnel syndrome. Upper extremity electrodiagnostic studies of 04/17/2013 were positive for bilateral carpal tunnel syndrome. 0n 05/01/2013, the patient was referred to PT at a frequency of 3 times per week for 6 weeks. Right-hand MRI of 08/25/2013 revealed no evidence of tendon tear or tendinosis and no evidence of signal abnormality just deep to the marker at the lateral aspect of the hand. Left-hand MRI of 08/25/2013 revealed no evidence of tendon tear or tendinosis and no evidence of muscular abnormality. The progress report of 11/27/2013 notes the patient had continued bilateral hand symptomatology, wrist decreased mobility, positive Tinel's and Phalen's tests, and hypoesthesia of the median nerve distribution of the hands, and diagnoses of bilateral hand strain/sprain carpal tunnel syndrome, right wrist strain/sprain status post injection with temporary relief, left wrist strain/sprain and tenosynovitis, status post left ankle strain/sprain, and status post transverse posterior lateral chest wall incision, not work-related, and there was a request for authorization of right-hand carpal tunnel release, and the patient was to remain off work until 01/08/2014. The progress report 01/15/2014 notes patient complaints of persistent pain to cervical spine radiating down to bilateral shoulders with pain at 7/10, diagnoses of cervical spine sprain/strain, bilateral trapezius strain, and bilateral carpal tunnel syndrome, and there is a request for chiropractic at a frequency of two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR BILATERAL UPPER EXTREMITIES TWO (2) TIMES FOUR (4): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions, but not in the care of forearm, wrist, or hand complaints, or in the treatment of carpal tunnel syndrome. MTUS reports in the care of forearm, wrist, and hand complaints, or in the treatment of carpal tunnel syndrome, manual therapy and manipulation are not recommended. ACOEM does not support medical necessity for treatment procedures common to the chiropractic profession in the care of forearm, wrist, or hand complaints, or in the treatment of carpal tunnel syndrome. Due to the guideline recommendations, the request is not medically necessary.