

Case Number:	CM14-0005288		
Date Assigned:	03/03/2014	Date of Injury:	08/08/2012
Decision Date:	06/16/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/07/2014

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 Chiropractics 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 45 year old female with a reported date of injury on 08/08/2012. The mechanism of injury was not provided in the documentation available for review. According to the clinical documentation dated 11/05/2013 the injured worker had an EMG performed on 05/29/2013, which revealed an abnormal EMG consistent with left carpal tunnel syndrome. On 12/10/2013 the injured worker underwent a left carpal tunnel release. According to the five post-op chiropractic notes provided, the injured worker complained of left wrist tenderness and swelling. The injured worker's medication regimen included Norco, Zofran, Atorvastatin, Motrin and Chlorthalidone. The request for authorization for chiropractic services three times a week for four weeks was submitted on 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SERVICES THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s): 58.

Decision rationale: The California MTUS guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The California MTUS guidelines do not recommend chiropractic care to the forearm, wrist or hand. The request was unclear as to what area of the body the chiropractic care was being requested for. According to the clinical notes provided for review the injured worker underwent left wrist carpal tunnel release on 12/10/2013. The five chiropractic reports ranging from 12/23/2013-01/23/2014 each state that the injured worker complained of left wrist tenderness and swelling. There was a lack of documentation indicating whether there was a decrease in pain and increase in functional ability related to the chiropractic treatment. As the California MTUS guidelines do not recommend chiropractic care to the wrist, the request for Chiropractic services three times a week for four weeks is not medically necessary.