MAXIMUS Federal Services

Case Number:	CM14-0005918		
Date Assigned:	02/05/2014	Date of Injury:	10/18/1995
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 46-year-old female, who experienced an industrial injury on October 18, 1995, relative to repetitively using her hands at the computer, writing, and other associated activities without a break or change in activity, which resulted in progressive hand, finger, wrist, arm, and shoulder pain. The patient was seen in medical follow-up on April 01, 1996 with aching, numbness, and tingling in her upper extremities, reportedly improved. Following examination on April 01, 1996, she was diagnosed with bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome. Per medical report of October 07, 1996, the patient had been working without restrictions and had completed physical and occupational therapy, yet continued to complain of intermittent pain in her neck, bilateral wrists and hands. Following examination on October 07, 1996, she was diagnosed with resolving paracervical and trapezial strain, bilateral mild cubital tunnel syndrome, and bilateral mild carpal tunnel syndrome. The patient underwent electrodiagnostic studies on July 30, 2002 with findings consistent with right sided carpal tunnel syndrome. The patient had treated with chiropractic care since at least 2011, yet chiropractic clinical documentation was not provided for this review. The chiropractor did submit letters dated December 13, 2011 and April 25, 2012 relative to denial of care, and the letters did not report measured objective factors to provide evidence of functional improvement with care rendered. According to a qualified medical evaluation (QME) on May 31, 2013, the patient was diagnosed with bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, lateral epicondylitis, and shoulder pain. On January 13, 2014, the treating chiropractor authored a reconsideration letter relative to denial of care on December 23, 2013. The chiropractor reported the patient was seen one time in March, April, June and August 2013. On August 22, 2013, she was authorized four treatments from August 05, 2013. The patient reportedly suffered from bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, lateral epicondylitis, shoulder

enthesopathy, elbow enthesopathy, and myofascitis. The letter reports objective factors relative to examination on December 02, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2X WK X 2 WKS BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

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

Decision rationale: Medical necessity for four (4) chiropractic treatments for the bilateral upper extremities is not medically necessary. The California MTUS Guidelines 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, and hand complaints, or in the care of carpal tunnel syndrome. The California MTUS Guidelines state that in the care of forearm, wrist, and hand complaints and in the treatment of carpal tunnel syndrome, manual therapy and manipulation is not recommended. Therefore, the request is not medically necessary.