

Case Number:	CM14-0100264		
Date Assigned:	07/30/2014	Date of Injury:	03/03/2011
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 Chiropractor 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 51-year-old female who reported an injury on 03/03/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right wrist. The injured worker's treatment history included carpal tunnel release, postoperative physical therapy, postoperative chiropractic care and multiple medications. The injured worker was evaluated on 04/24/2014. It was documented that the injured worker had continued pain complaints and with mild to moderate swelling following surgical intervention. Physical findings included a positive Tinel's sign to the left wrist, with no evidence of redness or warmth to the surgical site. The injured worker's diagnoses included carpal tunnel syndrome. The injured worker's medications included Norco 7.5/325 mg. It was noted that suture removal and initiation of postoperative therapy was anticipated to begin on 05/06/2014. A request was made for additional chiropractic services 2 times weekly for 2 weeks for the right wrist; however, no justification for that request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic services, 2 times weekly for 2 weeks, right wrist.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 106, 111, 115. Decision based on Non-MTUS Citation ODG-Physical Medicine for Carpal Tunnel Syndrome.

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

Decision rationale: The additional chiropractic services 2 times weekly for 2 weeks for the right wrist is not medically necessary or appropriate. The clinical documentation submitted for review did not provide a recent assessment of the injured worker's response to prior chiropractic treatment. Additionally, the California Medical Treatment Utilization Schedule does not recommend chiropractic care for the wrists or forearms. There were no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested chiropractic services 2 times weekly for 2 weeks for the right wrist is not medically necessary or appropriate.