

Case Number:	CM14-0018345		
Date Assigned:	04/18/2014	Date of Injury:	07/15/2013
Decision Date:	06/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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 a Licensed Chiropractor 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 injured worker is a 41 year old female with a reported date of injury on 07/15/2013. The worker was injured during repetitive duties. The progress note from 03/06/2014 reported subjective complaints of right forearm, wrist, and hand pain persisted and increased with repetitive and forceful grasping and gripping with the right arm. The patient had an injection in the wrist three days prior and reported no significant relief. The progress note reported positive Tinel's and Phalen's tests at the right wrist. Sensation to light touch was decreased in the right forearm/hand. Deep tendon reflexes were active/normal and motor strength was 5/5. The diagnoses listed were carpal tunnel syndrome and wrist sprain and strain. The request for authorization form was not submitted with the medical records. The request is for 8 sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF CHIROPRACTIC THERAPY: 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 And Manipulation, Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The guidelines do not recommend manipulation therapy for forearm, wrist and hand. Therefore, the request for eight sessions of chiropractic therapy is not medically necessary and appropriate.