

Case Number:	CM14-0019820		
Date Assigned:	04/30/2014	Date of Injury:	09/03/2013
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 patient is a 42-year-old female who sustained injuries to her right forearm on 9/3/2013 while performing her duties as a sign language interpreter. Per the primary treating provider (PTP), "patient came in for her initial visit on 1/15/14 and described her current complaint was her right arm (from shoulder to fingertips)." The patient has been treated with medications, occupational therapy, acupuncture, splint for the wrist, home exercise program and chiropractic care. Electromyography/nerve conduction velocity (EMG/NCV) studies of the right wrist provided in the records have been positive for clinical right carpal tunnel syndrome. The diagnoses assigned by the PTP for the right arm are pain-forearm, sprain/strain elbow/arm unspecified, muscle spasm and sprain/strain of the wrist and hand. The PTP is requesting an additional twelve (12) chiropractic sessions to the right elbow and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF OUTPATIENT CHIROPRACTIC CARE FOR THE RIGHT ARM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99 AND 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), FOREARM, WRIST & HAND CHAPTER, MANIPULATION SECTION.

Decision rationale: This patient suffers from a chronic injury to her right forearm and wrist. The primary treating physician's progress reports provided for review present no objective functional improvement with the chiropractic care rendered. Examination notes show tenderness and pain in the shoulder, forearm and wrist but there are no measurements to provide insight into objective improvement with the chiropractic care already rendered. In the absence of objective functional improvement, according to the MTUS, the additional chiropractic care is not warranted. The MTUS-Definitions defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS), and a reduction in the dependency on continued medical treatment." Furthermore, the Official Disability Guidelines do not recommend manipulation. There has been no evidence of objective functional improvement with the chiropractic care rendered. Therefore, the request is not medically necessary and appropriate.