

Case Number:	CM14-0114230		
Date Assigned:	08/01/2014	Date of Injury:	11/23/2013
Decision Date:	10/08/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Chiropractor, has a subspecialty in Acupuncture 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 61-year-old female with a reported date of injury on 11/23/2013. The mechanism of injury was noted to be due to cumulative trauma. Her diagnoses were noted to include status post bilateral total knee replacement, lumbar spine musculoligamentous sprain/strain with grade 1 anterolisthesis at L3 on L4 with slight facet degeneration at L3 to L5, status post dorsal ganglion cyst excision, bilateral wrist sprain/strain, and bilateral hip bursitis. Her previous treatments were noted to include a surgery and medications. The progress note dated 06/07/2014 revealed pain to the bilateral knees, wrist, mid and low back. The physical examination of the bilateral wrist revealed well healed surgical scars consistent with dorsal ganglion cyst excision and a positive Phalen's bilaterally. The range of motion to the wrists were decreased as well as grip strength. The Request for Authorization form was not submitted within the medical records. The request was for chiropractic treatment 3 times 4 to the right upper extremity to decrease pain and increase range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x 4 for right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Guidelines.

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

Decision rationale: The injured worker has a decreased range of motion to the bilateral wrist. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation 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 was the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in patients' therapeutic exercise program and return to productive activities. The guidelines do not recommend chiropractic treatment for the forearm, wrist, or hand. Therefore, despite the current measurable functional deficits, the guidelines do not recommend manual therapy for the forearm, wrist or hand and therefore chiropractic treatment is not appropriate at this time. Therefore, the request is not medically necessary.