

Case Number:	CM14-0115546		
Date Assigned:	08/04/2014	Date of Injury:	07/16/2013
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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 patient is a 43-year-old female born on 06/07/1971. The date of injury is noted as 07/16/2013. History of injury indicates while working as a prep cook she developed insidious onset of numbness in her right index, middle and ring fingers in January 2013. Her pain progressed and she sought treatment at [REDACTED]. The patient underwent permanent and stationary evaluation on 01/30/2014 with regards to her right wrist. The physician reported the patient healed uneventfully and had resumed her full duties prior to presentation on 01/30/2014. On 01/30/2014, the patient had no complaints of any kind and reported, back to normal. She denied any hand or wrist pain, and stated she was fully functional both at home and at work. Bilateral hand examination on 01/30/2014 revealed sensation intact to light touch in all digits and capillary refill less than one second, no thenar atrophy, no swelling, no erythema and no evidence of recent injury in the hand, full range of motion of all digits and can flex to the mid-palmar crease, all compartments are soft, and no tenderness to palpation anywhere in the hand. Bilateral wrist examination on 01/30/2014 revealed no tenderness to palpation anywhere in the wrists; no swelling, no erythema and no evidence of recent injury or wrist instability. Bilateral wrist range of motion was as follows: flexion 70, extension 60, ulnar deviation 40, radial deviation 20, pronation 80, and supination 80. Bilateral elbow and forearm examination revealed no tenderness to palpation, no swelling, no erythema, and no evidence of instability, and ranges of motion of bilateral elbows was flexion 140, extension 0, pronation 80, and supination 80. Grip strength noted findings of right 24-22-22 kg and left 22-22-22 kg. Diagnoses were noted as: 1. right extensor carpi ulnar tenosynovitis, status post cortisone injection, 11/07/2013, 2. right flexor carpi radiologists tenosynovitis, status post cortisone injection, 12/19/2013, 3. right digital extensor tenosynovitis, 4. Right hand pairs these years result, and 5. possible right TFCC (triangular fibrocartilage complex) tear. On 01/30/2014, the patient was determined to have

achieved maximum medical improvement and was permanent and stationary. The patient was performing usual and customary job duties without difficulty. She presented for chiropractic care on 05/28/2014 with complaints of right wrist, elbow and shoulder pain and left wrist pain. The doctor's first report is completed in difficult to decipher handwritten script, and measured objective clinical data cannot be ascertained. Diagnoses appear to be noted as 1) possible bilateral CTS (carpal tunnel syndrome), 2) right wrist tenosynovitis, 3) right DQTS, 4) right epicondylitis, and 5) right shoulder sprain/strain. The treatment plan included acupuncture at a frequency of 2 times per week for 3 weeks. She was released to modified work with restrictions on 05/29/2014. She was seen in chiropractic follow up on 07/30/2014 with complaints of bilateral wrist pain. A treatment plan including physiotherapy and myofascial release at a frequency of 1 time per week for 4 weeks was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy Rehab twice weekly times four (4) weeks QTY:8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation pages 58-60, Physical Medicine/Physical Therapy page 98 Page(s): 58-60, 98. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), Chronic Pain, Chapter 6, 2008;203.

Decision rationale: MTUS (Chronic Pain Medical Treatment Guidelines) does not support manual therapy and manipulation in the treatment of forearm, wrist and hand complaints. MTUS reports manual therapy and manipulation for the forearm, wrist and hand are not recommended. ACOEM reports manipulation has not been proven effective for patients with pain in the hand, wrist, or forearm. Physical modalities such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. MTUS reports passive therapy modalities can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. This patient's reported date of injury is 07/16/2013, and her condition is no longer in the early phase of pain treatment; therefore, the request for passive modalities is not supported to be medically necessary. Myofascial release is not supported to be medically necessary. ACOEM reports myofascial release is not recommended for chronic persistent pain. The request for chiropractic services at a frequency of 2 times per week for 4 weeks as treatment for upper extremity complaints is not supported by MTUS or ACOEM to be medically necessary.