

Case Number:	CM14-0116382		
Date Assigned:	08/04/2014	Date of Injury:	08/21/2012
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/23/2014

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 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 35-year-old female who reported an injury on 08/26/2012, the mechanism of injury was not provided. On 06/24/2014, the injured worker presented with bilateral thumb pain. Upon examination of the bilateral hands there was moderate focal tenderness over the bilateral abductors of the ulnar thumbs. There was full active range of motion. There is slight to moderate spasticity over the right forearm more than the left extensor forearm and there was slight tenderness to palpation. The other diagnoses were bilateral first abductor strain, myofascitis, bilateral medial epicondylitis and bilateral wrist pain. Prior treatment included acupuncture and medications, the provider recommended chiropractic therapy, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro X 6 sessions bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

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

Decision rationale: The request for chiropractic treatment times 6 sessions to the bilateral wrist is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal of effective manual medicine is that she made a positive symptomatic or objective measures and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to regular activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is lack of documentation indicating a complete and adequate assessment of the injured worker's deficits related to the bilateral wrists. Additionally, the amount of chiropractic care that the injured worker has already completed was not provided. The provider's request for chiropractic sessions does not include the frequency in the request as submitted. As such, the request is not medically necessary.