

Case Number:	CM14-0119277		
Date Assigned:	08/06/2014	Date of Injury:	09/11/2011
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 45-year-old female born on 08/14/1969. She has a reported slip and fall injury on 09/11/2011 without further historical data noted. On 02/20/2014, she underwent right wrist MR with evidence of post-surgical changes around the TFCC and central perforation of the cartilage with extensor carpi ulnaris tendinosis. On 03/24/2014, she underwent left wrist MR with findings of 7.8 mm well-circumscribed fluid collection compatible with a ganglion cyst, 7.5 mm well-circumscribed fluid filled cyst at the distal triquetral fusiform articulation, and findings suspicious for tendinosis/tendinitis. The medical provider's 06/05/2014 PR-2 reports "symptoms persist-unfortunately further PT was denied. At this visit a trial of 6 visits of chiropractic is requested for both wrists." Objective findings were reported as left wrist ROM full except limited ulnar deviation, diffuse swelling of the right wrist, motor examination revealed no focal deficit, upper extremity DTRs were symmetric and hyporeflexia, and sensory examination of the upper limbs revealed blunting to pen/light touch at the right palm in the median distribution. The diagnosis was noted as slip and fall injury on 09/11/2011, right wrist TFCC tear, postop right wrist TFCC reconstruction 01/31/2013, left wrist pain, and left elbow pain. The RFA of 06/05/2014 reported requested procedures of a trial of chiropractic sessions (6) visits for flaring left elbow and left wrist pain and 6 more visits of PT for flaring left elbow and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6 visits bilateral, wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, pages 58-60 Page(s): 58-60..

Decision rationale: The request for 6 Chiropractic Treatment sessions for the bilateral wrist is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) does not support medical necessity for 6 chiropractic treatment sessions for this patient's elbow and wrist complaints. Relative to treatment of carpal tunnel syndrome, forearm, wrist, and hand complaints, MTUS reports the following: Manual therapy and manipulation are not recommended in the treatment of carpal tunnel syndrome or in the treatment of forearm, wrist, and hand complaints. Therefore, this request is not medically necessary.