

Case Number:	CM14-0026120		
Date Assigned:	06/13/2014	Date of Injury:	08/19/2009
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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 Board Certified in Chiropractics 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 55 year old female who reported an injury on 08/19/2009 from a fall. The injured worker had a history of unchanged right elbow and wrist symptoms since 06/2011 with on and off flare-ups with activities of daily living, as well as her usual and customary duties at work. In 03/2013 the injured worker's right elbow and forearm and wrist symptoms significantly increased. The pain level increased from 2/10 to 6-7/10. The injured worker sustained another work-related injury, a fall of unspecified reason, on 04/05/2013 with the same company. At that time the injured worker injured both wrist and hands, both knees as well as right ankle. The injured worker had relief after 8 therapy sessions. Upon examination on 01/24/2014, the right elbow had tenderness to palpation over the medial epicondyle and flexor muscle group of the proximal forearm, lesser extent tenderness present over the lateral epicondyle, Cozen's test negative, Tinel's test of ulnar groove was negative, no laxity with Valgus and Varus stress test, and reverse Cozens test was positive. Range of motion for elbow flexion 140 degrees bilateral, extension 0 degrees bilateral. The exam of the right wrist revealed tenderness to palpation over dorsal capsule, first extension compartment and flexor tendon muscles of the wrist and distal forearm, Tinel's sign over the transverse carpal ligament and Phalen's test are positive, Finkelstein's test is slightly positive. Range of motion of the wrists showed flexion 60 degrees bilateral, extension 55 degrees bilateral. Jamar dynamometer grip strength readings were right (major) 18/18/20 kg and left (minor) 30/31/33 kg. The injured worker had diagnoses of right elbow medial and lateral epicondylitis per diagnostic ultrasound 02/12/2010, right wrist/forearm sprain/strain, flexor tendonitis and de Quervain's tenosynovitis, and right carpal tunnel release 11/16/2010 with evidence of recurrent carpal tunnel syndrome. The treatment received were 14 chiropractic sessions between 12/20/2010 and 04/28/2011 x-ray of right wrist with abnormal results after second injury, MRI of right wrist found to be abnormal,

neurodiagnostic studies of the upper right extremity that were normal, acupuncture to right wrist, right ankle brace, braces for both knees, ice, medication. The medication was Norco 2.5/325 mg. The treatment plan is for chiropractic services 2 times a week for 4 weeks right wrist, right elbow. The request for authorization form was not submitted within the documentation presented for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SERVICES 2 TIMES A WEEK FOR 4 WEEKS RIGHT WRIST, RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic services 2 times a week for 4 weeks right wrist, right elbow is not medically necessary. The injured worker has a history of neck pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state the use of manual therapy and manipulation for the forearm, wrist, and hand are not recommended. The injured worker had 14 sessions between 12/20/2010 and 04/28/2011. The request is for 8 sessions of chiropractic therapy for the right wrist and right elbow. The guidelines do not recommend for chiropractic treatment for the wrist, hand, or forearm. In addition, there is a lack of documentation of any significant functional deficits on physical examination to warrant therapy at this time. As such, the request is not medically necessary.