

Case Number:	CM14-0031743		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2013
Decision Date:	08/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 33-year-old male who has submitted a claim for bilateral wrist tendinitis associated with an industrial injury date of 06/06/2013. Medical records from 07/10/2013 to 06/26/2014 were reviewed and showed that patient complained of aching bilateral wrist pain graded 8/10. The pain was aggravated by cold weather. Physical examination revealed tenderness over the flexor/extensor compartment, carpal canal and first dorsal compartment bilaterally. Sensation over bilateral median nerve distribution was decreased. Phalen's, median nerve compression, and Finkelstein's tests were positive bilaterally. X-ray of the right wrist revealed normal results. EMG-NCV study of bilateral upper extremities dated 01/08/2014 was unremarkable. Treatment to date has included chiropractic care, acupuncture, and pain medications. Utilization review dated 02/12/2014 certified the request for 6 more visits of chiropractic care to bilateral wrists to complete the recommended 18 visits of chiropractic care as recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: 2 x 6 (bilateral wrists): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 59-60.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for other body parts other than low back. In this case, the patient has completed 18 visits of chiropractic care with no documentation of lasting relief (04/14/2014). Moreover, the body part requested to be treated with chiropractic care is not recommended by the guidelines. Therefore, the request for Chiropractic treatment: 2 x 6 (bilateral wrists) is not medically necessary.