

Case Number:	CM14-0038433		
Date Assigned:	06/27/2014	Date of Injury:	08/06/2007
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 Acupuncture, 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 59-year-old female who reported an injury on 08/06/2007. The mechanism of injury was not provided. On 12/11/2013, the injured worker presented with right shoulder pain and right carpal tunnel on right third and fourth left fingertips and her third and fourth fingertips were numb. Upon examination of the cervical spine, there was 35 degrees of forward flexion, 25 degrees of extension, 40 degrees of right rotation and 40 degrees of left rotation. The lateral bending to the right was 35 degrees and lateral bending to the left is 35 degrees. There was muscle spasms to the trapezius. The examination of the right hand revealed a slight diminished sensation over the tips of the first, second, third and fourth fingers. There is a negative Tinel's and a negative Phalen's test. The diagnosis were cervicalgia, right shoulder status post rotator cuff tear, status post right shoulder pain and status post right carpal tunnel syndrome. Prior therapy included injections, use of a brace and medications. The provider recommended chiropractic treatment to the right wrist. The provider's rationale was not provided. The Request For Authorization form was dated 09/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with Graston technique for the right wrist 3x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic treatment with Graston technique for a right wrist 3 x 2 is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain was caused by musculoskeletal conditions is recommended. 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. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is lack of documentation of the efficacy of the injured workers prior course of chiropractic care. Additionally, the amount of chiropractic treatments that the injured worker has already completed was not provided. As such, the request is not medically necessary.