

Case Number:	CM14-0040933		
Date Assigned:	06/30/2014	Date of Injury:	02/03/2011
Decision Date:	08/20/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 was reportedly injured on February 3, 2011. The mechanism of injury was stated to be cumulative trauma. The most recent progress note dated February 17, 2014, indicated that there were ongoing complaints of bilateral upper extremity pain. The physical examination demonstrated bilateral Finkelstein's tests at both wrists, with tenderness at the first dorsal extensor compartment. There was tenderness along the incision sites from a prior surgery. There were a positive Tinel's test at the left carpal tunnel and the left cubital tunnel. Diagnostic imaging studies were not commented on. There was recommendation for chiropractic active release techniques and Cymbalta was prescribed. Previous treatment included a left sided cubital tunnel release and bilateral carpal tunnel releases. A request was made for active release techniques by a chiropractor and a pain management consultation which was denied by Utilization Review on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active release technique by a chiropractor, bilateral upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation; Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, Hand, Manipulation, updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines, chiropractic care was specifically not recommended for the upper extremity. It was stated that manipulation has not been proven to be effective in high quality studies for patients with pain in the hand, wrist, or forearm. Therefore, request for active release techniques by chiropractor for the bilateral upper extremities is not medically necessary.

Pain management consultation.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004 OMPG Independent Medical Examinations and Consultations Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM), specialty care may be sought in cases where there is an uncertain diagnosis. For example, the diagnosis is extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. According to the medical record, the diagnosis is not uncertain or complex. There was no concern over any additional psychosocial factors, or mention of the injured employee's current pain level, efficacy of current medications, or inability to control their pain. For these reasons, this request for a pain management consultation is not medically necessary.