

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0042304 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 10/14/2009 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 Care 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 29 year old female who was injured on 10/14/2009. The mechanism of injury is unknown. The patient underwent a repair of right DeQuervain's tenosynovectomy, tenolysis, and excision of scar tissue and release on 02/25/2014. A progress report dated 03/07/2014 states the patient presented with complaints of right wrist and thumb pain and increasing pain with grip and grasp. Objective findings on exam revealed there are no signs of infection of the right wrist. She is tender to palpation with extension and flexion, left compartment. Her diagnosis is right lateral carpometacarpal sprain. The patient is to undergo 3 chiropractic sessions for 4 weeks. Prior utilization review dated 03/21/2014 states the request for 12 chiropractic visits for the right wrist is not authorized as hand therapy or rehabilitation is best suited with the appropriate medical specialist; therefore the request is considered not medically reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor x12 visits right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpel tunnel syndrome / Manipulation.

Decision rationale: ODG Guidelines state that manipulation has not been proven effective in high quality studies for patients with carpal tunnel syndrome, but smaller studies have shown comparable effectiveness to other conservative therapies. Trials of magnet therapy, laser acupuncture, exercise or chiropractic care did not demonstrate symptom benefit when compared to placebo or control. There is limited evidence that medical care over nine weeks improves physical distress in the short-term when compared with chiropractic treatment. Limited evidence also suggests that chiropractic and medical treatment provide similar short-term improvement in mental distress, vibrometry, hand function and health-related quality of life. If this treatment is used despite the lack of evidence, up to three visits may be recommend contingent on documentation of objective improvement. Up to six trial visits may be contingent on additional documentation of long term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Therapy should avoid passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation. This treatment does not conform to the above ODG Guidelines for carpal tunnel syndrome. Therefore, the request is not medically necessary.