

Case Number:	CM14-0048911		
Date Assigned:	06/25/2014	Date of Injury:	11/05/2009
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/25/2014

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 Chiropractic Medicine 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 claimant is a 40 year old female who was involved in a work injury on 10/4/2009. The injury was described as a repetitive trauma injury while employed as an insurance agent. The claimant complained of right neck, shoulder, elbow, and wrist pain. The claimant underwent a course of physical therapy receiving 10 treatments through 9/6/2013. On 1/22/2014, the claimant was evaluated by [REDACTED], PA, for [REDACTED], orthopedist. At that time the claimant complained of right sided neck pain, right elbow pain, forearm pain, wrist pain, and hand pain. The report indicated that the claimant "did eventually return back to work full duty. She then began to experience severe pain in the 1st dorsal compartment. However, this was not a new injury. This was an aggravation of her condition. It has been demonstrated that she sustained a DeQuervains tenosynovitis from the date of injury of 2009." The claimant was diagnosed with right radial tunnel syndrome, right elbow pain, and cervicgia. The recommendation was for compound ointment for the right elbow, thumb spica splint in addition to compound ointment for the right DeQuervains tenosynovitis. On 2/20/2014, [REDACTED], DC, submitted a request for chiropractic treatment with Graston myofascial technique at 3 times per week for 2 weeks at the recommendation of [REDACTED], PA, who evaluated the claimant on the same day. On 2/26/2014, the claimant was evaluated by [REDACTED], M.D., for a qualified medical reevaluation. This report indicated that [REDACTED] previously evaluated the claimant and opined that the claimant was permanent and stationary with a 0% whole person impairment. With respect to maximum medical improvement and future medical care the evaluator opined that conclusions would be deferred pending opportunity to review updated medical records. The requested 6 chiropractic treatments were denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic sessions, three (3) times per week for two (2) weeks, for the right wrist, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines page 58 indicates that manipulation and manual therapy is not supported for forearm, wrist, and hand complaints. A review of the 2/20/2014 progress report indicates no clinical findings in the cervical spine. There were no significant clinical findings in the right elbow or right wrist. In addition, there was no evidence of an exacerbation or deterioration of the claimant's condition over her permanent and stationary status. Therefore, consistent with MTUS Guidelines, the medical necessity for the requested 6 treatments was not established.