

Case Number:	CM14-0049080		
Date Assigned:	07/07/2014	Date of Injury:	03/09/2013
Decision Date:	08/26/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 03/09/2013 while working as a security guard attempting to stop a thief. The injured worker had a history of carpal tunnel syndrome to bilateral wrists and hands. The injured worker had diagnoses of cervical sprain/strain, cervical degenerative disc disease without myelopathy, left shoulder subacromial bursitis, bilateral wrist carpal tunnel syndrome with tenosynovitis and tendonitis. The past surgery included a status post fracture of the left fourth or fifth finger. The diagnostics included an electrodiagnostic study dated 02/26/2014 of the bilateral upper extremities, which revealed abnormal findings of the cervical spine and upper extremities, with evidence of median neuropathy bilateral, consistent with carpal tunnel syndrome, and no evidence of cervical radiculopathy. The objective findings dated 03/09/2014 revealed mild swelling to the left hand, with small scar tissue; tenderness to palpation to the radial deviation. The range of motion of the hand and wrist revealed dorsiflexion to the left hand was 50 degrees, volar flexion was at 50 degrees, ulnar deviation was 20 degrees, and grip strength was 3 degrees. The medication included transdermal analgesics, and diclofenac 25 mg. The treatment plan was included continuing the 24 sessions of physical therapy, mobility therapy, and the chiropractic therapy treatment. The request for authorization dated 07/07/2014 was submitted within the documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 ADDITIONAL CHIROPRACTIC AND PHYSICAL THERAPY SESSIONS TO LEFT WRIST/HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (HAND AND WRIST CHAPTER) MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, and Physical Medicine Page(s): 58, 98-99.

Decision rationale: The request for 24 additional chiropractic and physical therapy sessions to the left wrist/hand is not medically necessary. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy 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 exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Not recommended for Carpal tunnel syndrome or Forearm, Wrist, & Hand. Physical medicine indicates that Passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines indicate 8-10 visits over 4 weeks. Per the clinical notes, the injured worker had 3 sessions of chiropractic therapy, unsure of what location; however, the guidelines do not recommend chiropractic for the hand, wrist, or forearm. Therefore, it is non-certified. As for physical therapy, the clinical notes from 03/15/2014 indicated that the injured worker already received physical therapy up to possibly 23 sessions. The request is for 24 sessions, which exceeds the recommended amount of 9 to 10 visits. The request should have been 2 requests. As such the request is not medically necessary.