

Case Number:	CM14-0049222		
Date Assigned:	06/25/2014	Date of Injury:	01/18/2014
Decision Date:	07/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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, 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:

According to the available medical records, this is a 42 years old female patient with complaint of headaches, neck , shoulder, arm, wrist, hand right middle finger and back pain, date of injury 01/18/2014. Previous treatments include physical therapy, hand brace/sling, medications, home stretches and exercise. Initial evaluation report dated 02/15/2014 by the treating doctor revealed constant right arm/wrist/hand/finger pain, which is rated 9/10. She states that there is a burning sensation at times. The pain starts at the hand and then radiates to the wrist, forearm, elbow and shoulder. She also states that it radiates to her upper back and mid back with accompanying headaches. Exam of the cervical spine revealed tenderness to palpation of the paraspinals, suboccipitals, and the upper trapezius muscles bilaterally, left greater than right. Flexion 45/50, extension 45/50, left and right flexion 40/45, left and right rotation 75/80. Right hand JAMAR 1/1.5/1.5 kg compared to left hand JAMAR 21/21/22 kg. Right shoulder tenderness to palpation of the upper trapezius muscle, rhomboid, rotator cuff and bicipital groove. She also has tenderness of the right GH joint. Right shoulder ROM slightly decreased in all range. Positive impingement and empty can's test. Right wrist/hand tenderness to palpation of the anatomical snuffbox and carpal bones. She also has decreased flexion of the fingers, positive Phalen's and Finkelstein's. Diagnoses include cervical pain strain/sprain, right shoulder impingement syndrome, right wrist sprain/strain, right carpal tunnel syndrome, right De Quervain's tendinitis and rule out right wrist internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with physiotherapy treatment to the cervical spine and right upper extremity for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Section Manual Therapy & Manipulation, pages 58-59.

Decision rationale: While the California MTUS guidelines recommend chiropractic care for a trial of 6 visit over 2 weeks, with evidence of objective functional improvement, it does not recommend chiropractic for the treatment of Carpal tunnel syndrome nor treatment for forearm, wrist and hand. The request for 12 treatment for the cervical and right upper extremity is not medically necessary.