

Case Number:	CM14-0049839		
Date Assigned:	07/07/2014	Date of Injury:	02/03/2012
Decision Date:	08/26/2014	UR Denial Date:	03/25/2014
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 a Licensed Chiropractor 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 43-year-old female born on 05/21/1971. The date of injury is noted as 02/03/2012, but no historical information of injury was provided for this review. The physician's progress report of 01/21/2014 notes of patient was seen in follow-up visit, the patient is status post right ulnar nerve release and carpal tunnel release performed on 06/26/2013. The patient had attended 14 sessions of hand therapy and 10 visits of acupuncture after her surgery. She received a cortisone injection into the right lateral epicondyle in December 2013, which resulted in 2 days of relief. By examination she was comfortable in no distress, surgical incision site healed nicely, very tender still +++TTP medial and lateral epicondyles, elbow full ROM, wrist ROM mildly restricted, finger motion - TAM to palm, light stroke sensory testing decreased in thumb, index and long but improved. As a test of efficacy Graston (a chiropractic technique) was performed. She was diagnosed with lateral epicondylitis, joint pain-hand, and carpal tunnel syndrome. She was seen in medical follow-up on 02/03/2014. The record reports on 01/21/2014 a trial of Graston technique on the right forearm was performed, and the patient reported it did help. She reported less pain, less swelling and more function in the right arm. The medical provider requested authorization for 4 additional chiropractic visits. The patient underwent AME on 02/24/2014. The patient reported attending physical therapy and 12 sessions of massage therapy, but there was no improvement. She also reported 6 sessions of acupuncture and 4 sessions of chiropractic treatment, all with no relief. She was determined to have achieved a permanent and stationary status and maximum medical improvement. The chiropractor's PR-2s of 02/24/2014, 03/07/2014, 03/14/2014, and 03/17/2014 indicate the patient was seen in follow-up and reported improvement with chiropractic care. Objective findings were consistent with those noted in prior medical reports. Diagnoses included lateral and medial epicondylitis and carpal tunnel syndrome. On 02/28/2014, 03/07/2014 and 03/14/2014, the patient was to continue care per authorization.

On 03/17/2014, the chiropractor reported the patient had completed 4 chiropractic visits, and she requested 4 additional visits of chiropractic treatment for the right forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x week x 4 weeks for the right forearm: 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 & Manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic treatment at a frequency of 1 time per week for 4 weeks for the right forearm is not supported to be medically necessary. Although the chiropractor reported the patient improved with chiropractic care, there are no records of functional improvement with care rendered. During AME on 02/24/2014, the patient reported 4 sessions of chiropractic treatment with no relief. MTUS does not support treatment of forearm complaints with manual therapy and manipulation. MTUS reports in the care of forearm, wrist and hand complaints, and carpal tunnel syndrome manual therapy and manipulation are not recommended.