

Case Number:	CM14-0052498		
Date Assigned:	07/07/2014	Date of Injury:	10/22/2012
Decision Date:	11/24/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/21/2014

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:

According to the available medical records, this is a 26 year old male with chronic left forearm and wrist pain, date of injury is 10/22/2012. Previous treatments include bracing, medications, injections. Progress report dated 02/01/2014 by the treating doctor revealed patient complains of constant severe left forearm pain, aggravated by movement, better with meds/creams, numbness/tingling, constant severe sharp left wrist pain, numbness and tingling, aggravated by movement, prolonged grabbing/grasping and prolonged gripping. Objective findings revealed +3 tenderness to palpation of the dorsal forearm, left wrist extension 45/60, flexion 50/60, radial deviation 0/20, and +3 tenderness to palpation of the dorsal wrist, positive Tinel's. Diagnoses include left forearm abrasion, left forearm pain, and left carpal tunnel syndromes. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x weeks x 6 weeks Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The claimant present with chronic pain in the left wrist and forearm with previous treatments include bracing, medications, and injection. There is no other information about previous conservative treatments approach. However, MTUS guidelines do not recommend chiropractic treatments for carpal tunnel syndromes, wrist and forearm. Therefore, the request for chiropractic treatment two times a week for six weeks for the left wrist is not medically necessary.