

Case Number:	CM14-0060746		
Date Assigned:	07/09/2014	Date of Injury:	09/30/2011
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational 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 patient is a 45 year old male who was injured on 09/30/2011. The mechanism of injury is unknown. Prior medication history included tramadol, Naproxen, Prilosec. Prior treatment history has included chiropractic therapy and home exercise program. Progress report dated 05/12/2014 documented the patient presented with worsening pain of his elbows, right greater than left with associated numbness. Objective findings on exam revealed slight lateral epicondylar tenderness bilaterally. There is mild radial tunnel tenderness bilaterally. The Tinel's sign and elbow flexion tests are positive at the cubital tunnels bilaterally. The Tinel's sign and Phalen's test are positive at the carpal tunnel's bilaterally. His grip strength is diminished. Diagnoses are bilateral lateral epicondylitis; bilateral forearm tendinitis; bilateral cubital tunnel syndrome; bilateral carpal tunnel syndrome and trapezial and parascapular strain. The treatment and plan included home exercise program, NSAIDS for chronic pain and inflammation. He was recommended chiropractic treatment. Prior utilization review dated 04/17/2014 states the request for chiropractic care 12 visits is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Manipulation.

Decision rationale: This is a request for chiropractic treatment, apparently for the distal upper extremities, in a 45-year-old male injured on 9/30/11. However, according to MTUS guidelines, manual therapy and manipulation are not recommended for the forearm, wrist or hand. Medical necessity is not established therefore, not medically necessary.