

Case Number:	CM14-0073438		
Date Assigned:	07/16/2014	Date of Injury:	09/11/2011
Decision Date:	09/26/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 with a reported date of injury on September 11, 2011 and record of slip and fall injury, without further history documentation noted. The progress report of January 7, /2014 notes patient complaints of pain/numbness travels up to right elbow and right shoulder and paresthesias in the right-hand. By examination the following are noted: well healed 2 cm long operative scar at the right wrist distal radial region; wrist ranges of motion noted as extension (dorsiflexion) right 50/left 50 normal 60, flexion (palmar flexion) right 50/left 50 normal 60, radial deviation right 20/left 20 normal 20 and ulnar deviation right 20/left 30 normal 30; muscle mass equal bilateral upper extremities, lateral and medial epicondyles tendered to palpation bilaterally, Finkelstein's test positive bilaterally, Tinel positive on right and negative on left, and Phalen negative bilaterally, upper extremity motor examination did not reveal focal deficit, upper extremity DTRs symmetric and hyporeflexic, and upper extremity sensory examination revealed blunting to pin/light touch at the right palm and in the median distribution. Diagnoses were reported as slip and fall injury on September 11, 2011, right wrist TFCC tear right wrist TFCC reconstruction January 31, 2013, right carpal tunnel syndrome, left wrist pain, and left elbow pain. The progress report of March 3, 2014 notes patient complaints of pain/numbness travels up to right elbow and right shoulder paresthesias in the right-hand and left wrist has become increasingly painful. By examination the following are noted: with digital 2 cm long operative scar at the right wrist distal radial region; wrist ranges of motion noted as extension (dorsiflexion) right 50/left 50 normal 60, flexion (palmar flexion) right 50/left 50 normal 60, radial deviation right 20/left 20 normal 20 and ulnar deviation right 20/left 30 normal 30. Diagnoses were reported as slip and fall injury on September 11, 2011, right wrist TFCC tear right wrist TFCC reconstruction January 31, 2013, right carpal tunnel syndrome, left wrist pain, and left elbow pain. The progress report of May 5, 2014 notes chronic bilateral wrist pain

persists. Objectives and diagnoses are essentially unchanged and there was a request for six visits of chiropractic care for both wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic medicine for the left elbow and left wrist, twice weekly for three weeks:

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), Elbow (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 05/15/2014.

Decision rationale: The request for chiropractic treatments to the left elbow and left wrist at a frequency of two times per week for three weeks is not supported to be medically necessary. MTUS does not support treatment of upper extremity 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." MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of elbow conditions; therefore, MTUS is not applicable in this case regarding the elbow. ODG is the reference source for treatment of elbow conditions, and ODG does not support the request for chiropractic sessions to the elbow at a frequency of two times per week for 3 weeks. In the Elbow (Acute and Chronic) section, ODG Chiropractic Guidelines support up to three visits of chiropractic contingent on objective improvement documented (ie. VAS improvement greater than 4), with an additional trial of up to three more visits contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy. There is no evidence of measured objective improvement with chiropractic care provided to the elbow, there is no evidence of a recurrence/flare-up, there is no evidence of a new condition, and there is no evidence of active self-directed home therapy; therefore, the request for Chiropractic medicine for the left elbow and left wrist, twice weekly for three weeks, is not medically necessary or appropriate.