

Case Number:	CM14-0080624		
Date Assigned:	07/18/2014	Date of Injury:	01/27/2013
Decision Date:	08/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 44-year-old male born on 02/06/1970. On 01/27/2013, the patient was working in the kitchen, mixing breeding for potatoes, and while placing them in the basket, he felt a shooting pain in his bilateral wrists and hands. In medical evaluation on 05/01/2013, he reported constant pain in the wrists and hands. He was diagnosed bilateral hand sprain/strain rule out tendinitis carpal tunnel syndrome and bilateral wrist sprain/strain rule out internal derangement, and there was a request for authorization of PT 2-3 times a week for the next 6 weeks. The physician's progress report of 07/08/2013, notes the patient presented for reevaluation with complaints of numbness, tingling and burning in bilateral hands. Diagnoses were noted as bilateral hand sprain/strain carpal tunnel syndrome and bilateral wrist sprain/strain. The patient was to continue with physical therapy 2 per week for the next 6 weeks. The physician's progress reports of 09/04/2013, 10/02/2013, 10/30/2013 and 11/27/2013 note patient complaints of bilateral wrist pain, and the provider requested authorization to perform right wrist carpal tunnel release surgery. The 01/15/2014 PR-2 recommends chiropractic at a frequency of 2 times per week for 4 weeks. The chiropractor's PR-2 of 01/20/2014 reported patient complaints as pain with pins and needles feeling. Cervical spine range of motion with tightness in end range, decreased wrist extension with pain, tenderness to right flexor muscles, bilateral wrists, + shoulder depression, and + Phalen's bilaterally. Diagnoses were noted as cervical spine sprain/strain, bilateral CTS, and shoulder muscle myospasm. The chiropractor recommended chiropractic/physiotherapy 1 time per week for 4 weeks. The patient underwent bilateral wrist MRI on 02/11/2014 with findings of dorsal intercalated segmental instability and no other gross abnormality noted. The doctor's first report of occupational injury or illness noted the patient presented on 02/14/2014 with pain in bilateral hands, stabbing pain in the thumbs and burning sensation in arms. The provider diagnosed bilateral wrist/hand pain and rule out carpal tunnel

syndrome. The treatment plan included chiropractic/physiotherapy 2 times per week for 4 weeks. Upper extremity electrodiagnostic studies of 04/17/2013 were interpreted as moderate right and mild left carpal tunnel syndrome. There is a request for chiropractic therapy for the bilateral upper extremities at a frequency of 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy for the Bilateral Upper Extremities three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines - Forearm, Wrist, and Hand Chapter: Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic therapy for the bilateral upper extremities at a frequency of 3 times per week for 4 weeks is not supported to be medically necessary. Relative to the upper extremities, this patient's diagnoses have been reported as bilateral hand sprain/strain rule out tendinitis carpal tunnel syndrome and bilateral wrist sprain/strain rule out internal derangement. 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. The request is not medically necessary.