

Case Number:	CM14-0099449		
Date Assigned:	07/28/2014	Date of Injury:	11/12/2012
Decision Date:	10/31/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 Acupuncture 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 injured worker is a 30 year old male who reported shoulder, elbow, wrists and neck pain from an injury sustained on 11/12/12 secondary to lifting. The patient is diagnosed with cervical sprain/strain, myofascial pain syndrome, cervicogenic headaches, bilateral shoulder sprain/strain, impingement syndrome, bilateral elbow epicondylitis, bilateral wrist sprain/strain, carpal tunnel syndrome and anxiety. The patient has been treated with medication, therapy and acupuncture. Per provided medical notes dated 01/18/13, patient complains of diffuse bilateral upper extremity pain. He describes his pain as intermittent moderate to severe, localized to the hands, wrists, forearm, elbows, shoulders, upper back which is worse with use and improved with rest. The provider requested 3x2 chiropractic treatments for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrists Chiropractic 3 X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 58.

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

Decision rationale: MTUS Chronic Pain medical treatment guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvements that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiological range-of motion but not beyond the anatomic range-of-motion. The patient has not had prior chiropractic treatment. The provider requested 3x2 chiropractic treatments for bilateral wrists. Per guidelines, chiropractic treatments for carpal tunnel syndrome: Not recommended; Forearm, wrist, hand: Not recommended. Based on the guidelines and review of records, 3x2 chiropractic treatments for bilateral wrists are not medically necessary.