

Case Number:	CM13-0025995		
Date Assigned:	06/06/2014	Date of Injury:	01/23/2008
Decision Date:	10/13/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Minnesota

Certification(s)/Specialty: Chiropractor

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 58-year-old female, who sustained an industrial injury on 1-23-2008. The current diagnoses are bilateral wrist tendinitis with severe right first carpometacarpal joint osteoarthritis and moderate left first carpometacarpal joint osteoarthritis, bilateral De Quervain's tenosynovitis, and remote history of bilateral carpal tunnel release surgery (1991). According to the progress report dated 8-21-2013, the injured worker complains of pain in her bilateral wrists, right side greater than left, which increases with performing activities of gripping, grasping, squeezing, or typing. The level of pain is not rated. The physical examination of the bilateral wrists reveals bony prominences at the first carpometacarpal joints, well-healed surgical scars at the volar wrists, consistent with carpal tunnel release surgeries, tenderness to palpation over the first carpometacarpal joints, right greater than left, tenderness to palpation over the flexor and extensor tendons, Negative Tinel's tests, and restricted range of motion. Treatment to date has included medication management, x-rays, chiropractic, electrodiagnostic testing, and cortisone injections. Work status is described as permanent and stationary. The original utilization review (9-10-2013) had non-certified a request for 6 chiropractic sessions to the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic treatments for the right and left wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation is not recommended for the wrists. The doctor has requested 6 chiropractic treatments for the right and left wrists. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.