

Case Number:	CM14-0007685		
Date Assigned:	02/10/2014	Date of Injury:	10/03/2011
Decision Date:	01/23/2015	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Chiropractor (DC), 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:

This is a 54-year-old male with a date of injury on 10/03/2011. The injury occurred while the injured worker was pushing a plastic pipe and subsequently the pipe pushed back and bent the injured worker's left hand backwards, causing a pop to the left hand with immediate swelling. According to a progress report dated 8/22/13, the patient indicated a constant pain to the left hand, rated a six out of ten, radiating to the right arm and right thumb with associated symptoms of numbness and tingling. The injured worker also had psychological symptoms of anxiety, depression, tiredness, fatigue, feelings of helplessness, and nervousness. Physical examination from this date was remarkable for mild inflammation and tenderness to the palpation of the medial epicondyle of the right elbow and forearm with a positive cubital Tinel's sign. The upper arm was notable for biceps deformity and tenderness to palpation of the right biceps muscle. The left hand and wrist was remarkable for mild inflammation and tenderness to palpation of the dorsal aspect of the wrist joint. Range of motion to the elbows was remarkable for 140 degrees of flexion, 0 degrees of extension, 60 degrees for pronation, and 60 degrees for supination. Range of motion to the left wrist was remarkable for 45 degrees for flexion, 45 degrees for extension, 25 degrees for ulnar deviation, and 15 degrees for radial deviation. Qualitative Functional Capacity Evaluation performed on 10/01/2013 was remarkable for Pretest Pain Scale of an eight out of ten or severe pain, positive Horizontal Side Bridge to the left and right, One Leg Standing Test A & B was positive with eyes open and closed to the left and right, Repetitive Squat Test was twenty-two percent of normal, a positive Cervical Spine Strength Test, Stack Back Endurance was twenty-seven percent of normal and was positive, Repetitive Arch-Up was positive, Grip Dysfunctional Test was noted to be positive, and Post Test Perceived Pain Scale was noted to be an eight out of ten or severe. Diagnostic impression: left biceps deformity and possible tear, left wrist sprain/strain, left elbow medial epicondylitis, and left upper extremity

neuropathy. Treatment to date: chiropractic treatment with physio therapy, a Qualitative Functional Capacity Evaluation, acupuncture sessions, and medication management. Ordered for two times a week for six weeks, a medication history of Cyclobenzaprine and Naproxen, a request for magnetic resonance imaging of the left bicep, left wrist, and left elbow, and a request for an electromyogram with nerve conduction velocity study. On 01/07/2014, Utilization Review non-certified the prescription of outpatient chiropractic therapy two times six to the left upper extremity. The chiropractic therapy was noncertified based on CA MTUS Chronic Pain, pages 58-59, Manual therapy and Manipulation, noting that manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition and is used in treatment in musculoskeletal pain with the intended goal of positive symptomatic or objective measurable gains in functional improvement that lead to the return of productive activities, but is not recommended for carpal tunnel syndrome or forearm, wrist, and hand. Utilization Review documented that the request was for the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic therapy, 2 x per week for 6 weeks, for the left upper extremity:
Upheld

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

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

Decision rationale: CA MTUS states that manual therapy and manipulation is not recommended in the management of Forearm, Wrist, and Hand Complaints. In the present case, it is noted that this patient has had prior chiropractic treatment. However, documentation of medical records provided did not indicate specific details of functional improvement, improvement in work function, or in activities of daily living. In addition, guidelines do not recommend chiropractic treatment for the management of forearm, wrist, and hand complaints. Therefore, the request for outpatient chiropractic therapy, 2 x per week for 6 weeks, for the left upper extremity was not medically necessary.