

Case Number:	CM14-0104603		
Date Assigned:	07/30/2014	Date of Injury:	02/06/2014
Decision Date:	04/14/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on 2/6/14. On 7/7/14, the injured worker submitted an application for IMR for review of Chiropractic Care to Include Spinal Manipulation with Adjunctive PT Modalities 1x6 for the Cervical, Thoracic, Lumbar Spine, and Referral for Orthopedic Evaluation, and Referral for Medical Pain Management. The treating provider has reported the injured worker complained of left upper extremity including the elbow, wrist and hand pain. The diagnoses have included left wrist strain; DeQuervain's stenosing tenosynovitis left wrist. Treatment to date has included wrist brace, Biofreeze, occupational therapy; tennis elbow strap; physical therapy. On 6/26/14 Utilization Review MODIFIED Chiropractic Care to Include Spinal Manipulation with Adjunctive PT Modalities 1x6 for the Cervical, Thoracic, Lumbar Spine for the spine only, and NON-CERTIFIED Referral for Orthopedic Evaluation, and Referral for Medical Pain Management. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care to Include Spinal Manipulation W/Adjunctive PT Modalities 1x6 for the Cervical, Thoracic, Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines; Carpal Tunnel Syndrome, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58-59.

Decision rationale: The patient presents with neck pain radiating to upper extremities and back pain. The request is for CHIROPRACTIC CARE TO INCLUDE SPINAL MANIPULATION W/ ADJUNCTIVE PT MODALITIES 1X6 FOR THE CERVICAL, THORACIC, LUMBAR SPINE. The request for authorization is not provided. Cervical and Lumbar range of motion is decreased. Muscular guarding is present throughout the cervical, thoracic and lumbar praverterbral musculature. Electrodiagnostic studies reveal bilateral carpal tunnel syndrome. Tinel's sign and Finkelstein's test are positive at both wrists. The patient is temporarily totally disabled. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Treater does not provide reason for the request. In this case, chiropractic therapy treatment history is not known. Given that review of current reports make no reference to a recent course of chiropractic treatment, a short course of 6 sessions is reasonable and within guideline indications. Therefore, the request IS medically necessary.

Referral for Orthopedic Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with neck pain radiating to upper extremities and back pain. The request is for REFERRAL FOR ORTHOPEDIC EVALUATION. The request for authorization is not provided. Cervical and Lumbar range of motion is decreased. Muscular guarding is present throughout the cervical, thoracic and lumbar praverterbral musculature. Electrodiagnostic studies reveal bilateral carpal tunnel syndrome. Tinel's sign and Finkelstein's test are positive at both wrists. The patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional

expertise."Treater does not provide reason for the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and is requesting a referral for orthopedic evaluation. Given the patient's condition, the request for a referral appears reasonable. Therefore, the request IS medically necessary.

Referral for Medical Pain Management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guideline, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with neck pain radiating to upper extremities and back pain. The request is for REFERRAL FOR MEDICAL PAIN MANAGEMENT. The request for authorization is not provided. Cervical and Lumbar range of motion is decreased. Muscular guarding is present throughout the cervical, thoracic and lumbar pravertebral musculature. Electrodiagnostic studies reveal bilateral carpal tunnel syndrome. Tinel's sign and Finkelstein's test are positive at both wrists. The patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise."Treater does not provide reason for the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and is requesting a referral for medical pain management. Given the patient's condition, the request for a referral appears reasonable. Therefore, the request IS medically necessary.