

Case Number:	CM14-0159908		
Date Assigned:	10/03/2014	Date of Injury:	08/05/2013
Decision Date:	01/21/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 a licensed 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:

According to the available medical records, this is a 34 year old female with chronic neck and wrist pain, date of injury is 08/05/2013. Previous treatments include medications, bracings, cortisone injections, TENS unit, chiropractic, home exercises, and physical therapy. Progress report dated 08/21/2014 by the treating doctor revealed patient with persistent pain in the right side of the upper back at 8/10 on a daily basis, intermittent pain in both arms, occasional spasms in both arms as well as occasional numbness and tingling in both hands. MRI of the cervical shows mild osteophyte complex at C3-4 and C4-5. Objective findings revealed tenderness in the right side of the upper back and the neck, left upper extremity laterally abducts to 125 degrees, right upper extremity laterally abducts to 90 degrees. Diagnoses include discogenic cervical condition with facet inflammation as well as pain along the trapezius and shoulder girdle more on the right than the left side, thoracic sprain and strain, bilateral ulnar neuritis right greater than although not to stretch or resist function, carpal tunnel syndrome on the right. The patient is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 12 sessions right wrist: Upheld

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

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

Decision rationale: The claimant presented with ongoing neck pain and bilateral upper extremities pain. Reviewed of the available medical records showed she has had chiropractic treatment previously. However, there are no previous treatment records available, total number of visits is unknown and treatment outcomes are not known. In addition, MTUS guidelines do not recommend chiropractic treatment for wrist and carpal tunnel syndrome. Based on the guidelines cited, the request for chiropractic therapy, 12 sessions for the neck and right wrist is not medically necessary.