

Case Number:	CM14-0182490		
Date Assigned:	11/07/2014	Date of Injury:	03/18/2013
Decision Date:	02/10/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 Board Certified in Physical Medicine Rehab 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 29 year-old patient sustained an injury on 3/18/13 from a fall while employed by [REDACTED]. Request(s) under consideration include 6 chiropractic visits 2x/wk for 3 weeks for the right wrist as an outpatient. Diagnoses include lower leg joint pain; knee tendinitis; wrist tendinitis; and lumbar disc injury; myalgias/myofasciitis/ spasm. Conservative care has included medications (delayed secondary to breast-feeding), therapy, chiropractic spinal manipulation treatment, trigger point injections, and modified activities/rest. Left knee MRI showed no significant findings. Lumbar spine MRI showed patent foramina without central canal stenosis or foraminal narrowing. The patient continues to treat for chronic ongoing pain complaints. Report of 8/11/14 from the provider noted the patient with continued left knee pain rated at 2/10 aggravated by prolonged standing; constant low back pain worsen since having to lift her baby rated at 7/10, and right wrist pain rated at 2/19. Exam showed lumbar spine with decreased range with tenderness, trigger points and positive SLR and Kemps; intact range of the knee and wrist; motor strength of 5/5 in bilateral upper and lower extremities. The patient remained TTD status. The request(s) for 6 chiropractic visits 2x/wk for 3 weeks for the right wrist as an outpatient was non-certified on 9/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sic chiropractic visits two times a week for three weeks for the right wrist as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 58-59, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

Decision rationale: This 29 year-old patient sustained an injury on 3/18/13 from a fall while employed by [REDACTED]. Request(s) under consideration include 6 chiropractic visits 2x/wk for 3 weeks for the right wrist as an outpatient. Diagnoses include lower leg joint pain; knee tendinitis; wrist tendinitis; and lumbar disc injury; myalgias/myofasciitis/ spasm. Conservative care has included medications (delayed secondary to breast-feeding), therapy, chiropractic spinal manipulation treatment, trigger point injections, and modified activities/rest. Left knee MRI showed no significant findings. Lumbar spine MRI showed patent foramina without central canal stenosis or foraminal narrowing. The patient continues to treat for chronic ongoing pain complaints. Report of 8/11/14 from the provider noted the patient with continued left knee pain rated at 2/10 aggravated by prolonged standing; constant low back pain worsen since having to lift her baby rated at 7/10, and right wrist pain rated at 2/19. Exam showed lumbar spine with decreased range with tenderness, trigger points and positive SLR and Kemps; intact range of the knee and wrist; motor strength of 5/5 in bilateral upper and lower extremities. The patient remained TTD status. The request(s) for 6 chiropractic visits 2x/wk for 3 weeks for the right wrist as an outpatient was non-certified on 9/29/14. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury; however, it clearly states that chiropractic is not recommended for the forearm, wrist, and hand as requested for this injured worker with diagnoses of wrist tendinitis. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, the patient underwent previous course of chiropractic treatments; however, there are no reports submitted demonstrating the functional benefit and efficacy of those chiropractic treatment sessions as the patient continues with pain symptoms and has remained not working. The 6 chiropractic visits 2x/wk for 3 weeks for the right wrist as an outpatient is not medically necessary and appropriate.