

Case Number:	CM14-0192613		
Date Assigned:	11/26/2014	Date of Injury:	06/03/2012
Decision Date:	02/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture 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:

The injured worker is a 42 year-old male who reported left wrist pain after an injury on 06/03/12 due to cumulative trauma. The injured worker has been diagnosed with left carpal tunnel syndrome and flexor tenosynovitis. Treatment has included a left carpal tunnel release surgery on 9/30/14, medication, and therapy prior to surgery. Some of the medical notes provided were handwritten and illegible. The treating physician's report of 10/13/14 was not available for this review. However, the Utilization Review provided what appears to be an adequate account of that report. Per the Utilization Review report, on 10/13/14 there was left wrist pain, tenderness and decreased range of motion. The treatment plan included an initial trial of 12 chiropractic treatments for the left wrist, status post left carpal tunnel release. Utilization Review modified this request to 8 treatments of physical therapy and cited the MTUS for post-operative care as well as the MTUS for chronic pain. The Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services 3 times a week for 4 weeks (Qty: 12) with exercises, modalities, manipulation and myofascial release for the left wrist.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter-Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, wrist, and forearm; Chiropractic

Decision rationale: This patient has not had prior chiropractic treatments. The provider requested an initial trial of 12 chiropractic treatment for left wrist which was modified to 8 treatments by the Utilization Review per the MTUS guidelines. Per the MTUS, a maximum of 8 physical therapy treatments are supported after carpal tunnel surgery. The MTUS chronic pain guidelines do not recommend chiropractic for hand, wrist and forearm pain. Per guidelines and review of evidence, 12 chiropractic visits are not in accordance with the MTUS recommendations and are not medically necessary.