

Case Number:	CM14-0194341		
Date Assigned:	12/02/2014	Date of Injury:	07/12/2010
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Chiropractic, 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 patient is reported to be 50-year old female with a reported date of injury of 7/12/10. Injured is status post CTS release with cubital tunnel release 4/29/11. The medical provider requested Chiropractic care in his 10/14/14 PR-2, 6 sessions of manipulation to the left wrist later denied by UR on 10/23/14. A similar request for 6 sessions of manipulation was submitted by the same provider by PR-2 on 9/16/14. UR determination opined that manipulation of the wrist was not supported by CAMTUS Chronic Treatment Guidelines and the lack of evidence precluding a home exercise program to achieve the same treatment goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro services w/ modalities exercises 1x6 to the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009; 9294.2, manual therapy and manipulation Page(s): 58, 59.

Decision rationale: The patient is reported to be 50 year old female with a reported date of injury of 7/12/10. Injured is status post CTS release with cubital tunnel release 4/29/11. Chiropractic care per PTP [REDACTED] was documented in several PR-2 requests but the number

of completed sessions was not reported. The most recent request for an additional 6 sessions of manipulation to the patients wrist date 10/14/14 was not accompanied by any reported objective evidence that functional improvement was documented either by the patients history or following reexamination. Denial of Chiropractic manipulation per UR determination of 10/23/14 was supported by CAMTUS Chronic Treatment Guidelines for manual therapy not recommending manipulation of the wrist and no medical evidence that anticipated goals of improvement could not be attained by a home self-directed exercise program. The Chiro services w/ modalities exercises 1x6 to the left wrist is not medically necessary.