

Case Number:	CM14-0194833		
Date Assigned:	12/02/2014	Date of Injury:	07/27/2014
Decision Date:	01/20/2015	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 Board Certified in Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured leading up to 7/27/2014 doing repetitive work with her hands. She was diagnosed with tendinitis left wrist, possible carpal tunnel syndrome of left wrist, right hand injury, brachial radiculopathy, left shoulder injury, cervical sprain/strain, and myofascial pain. She initially was offered 6 sessions of physical therapy, but there was no report of her completing these. Symptoms of constant left hand pain with radiation to left forearm and to left shoulder and neck as well as right hand/wrist pain was reported. She was treated with chiropractor treatments (13 sessions) and referred to an orthopedic specialist for her shoulder symptoms as well as was taken out of work. On 9/16/14, the worker was seen for a follow up with her chiropractor (primary treating provider) after her 13 chiropractor treatment sessions by his chiropractor, reporting significant improvements in all her symptoms except for her left wrist which was still symptomatic. Physical examination revealed decreased range of motion of her left wrist, normal neck and shoulder examination ("better") and other illegible findings. The worker was then recommended an additional 8 sessions of chiropractor treatments as well as 8 sessions of work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation & treatment 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. 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 & Manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, her neck and shoulder were considered "better" and in no need for additional treatments according to the progress note. Her only persistent symptoms were in her left wrist, for which there was already diagnosed arthritis based on x-ray findings. As chiropractor treatments would not be recommended for wrist symptoms, she does not require and will not likely benefit from any more chiropractor treatments. Therefore, the 8 additional chiropractor treatments are medically unnecessary.

Therapy: work conditioning x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning (Hardening) Page(s): 125-126.

Decision rationale: The MTUS Chronic Pain Guidelines state that work conditioning is recommended as an option. To qualify, the MTUS gives specific criteria: 1. Functional limitations precluding ability to safely achieve job demands, 2. After trial of physical therapy and unlikely to benefit from continued physical therapy, 3. Not a candidate for surgery or other treatments, 4. Recovery from the conditioning to allow a minimum of 4 hours a day for three to five days a week of active participation at work, 5. A defined return to work goal, 6. Worker must be able to benefit from the program, 7. Worker must be no more than 2 years postdate of injury, 8. Work conditioning should be completed in 4 weeks or less, 9. Treatment is not supported for longer than 1-2 weeks without evidence of compliance and benefit, 10. Upon completion, there is no need to repeat the same or similar conditioning program in the future. For those who qualify, the MTUS Guidelines suggest 10 visits over 8 weeks. In the case of this worker, there is insufficient evidence to suggest that she had completed enough physical therapy in order to qualify for work conditioning. Although she was offered 6 sessions of physical

therapy, there was no evidence found in the notes that suggested she had completed any of them. Also, considering her arthritis in her wrist likely contributing significantly to her symptoms, further treatment continued with the orthopedic specialist might be helpful. Therefore, the request for work conditioning seems premature and medically unnecessary at this time.