

Case Number:	CM14-0201814		
Date Assigned:	12/12/2014	Date of Injury:	03/24/2014
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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 Practice 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 injured worker is a 36 year-old female who was injured on 3/24/14 due the repetitive work of computer and clerical tasks. She complained of thoracic and lumbar pain and bilateral wrist pain with numbness and tingling of her fingers. On exam, she had decreased range of motion of thoracic spine, tender thoracic and lumbar paraspinal muscles, muscle spasms, straight leg raise positive bilaterally, decreased range of motion of right and left wrist, tender wrists with positive Phalen's. She was diagnosed with thoracic myospasm, thoracic and lumbar pain and strain, lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, right and left carpal tunnel syndrome and wrist sprain. Her treatment included physical therapy with a home exercise program, and medications including anti-inflammatories, opioids gabapentin, and muscle relaxants. A corticosteroid injection of the right wrist did not provide relief. The current request is for 8 sessions of chiropractic care for bilateral wrists and hands and 4 sessions of physical therapy for bilateral wrists and hands which was denied by utilization review on 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of Chiropractic (2x4weeks)bilateral wrist/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-60; 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, manipulation and manual therapy is not recommended for the forearm, wrist, and hand, as well as for the treatment of carpal tunnel syndrome.

Four sessions Physical therapy (1x4weeks) bilateral wrist/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-60; 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy is considered not medically necessary. The patient had completed sessions of physical therapy and was continuing a home exercise program. She had already exceeded the recommended maximum for physical therapy. An additional four sessions does not appear medically necessary. There are no changes in subjective and objective findings that would warrant additional physical therapy. A home exercise program would be the next step at this time which the patient is already doing.