

Case Number:	CM14-0021324		
Date Assigned:	05/07/2014	Date of Injury:	09/01/2013
Decision Date:	03/30/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 54 year old female, who sustained an industrial injury on 9/1/2013. She has reported pain to left wrist associated with numbness and left elbow pain. The diagnoses have included carpal tunnel syndrome and lateral epicondylitis. Treatment to date has included wrist brace, ice, and chiropractic therapy. Currently, the IW complains of wrist and elbow pain. Physical examination from a Qualified Medical Evaluation (QME) dated 11/13/14 documented edema to left forearm, tenderness with palpation, trigger point at left hand flexor and extensor musculature and alone left lateral collateral ligament. Muscle strength was decreased in left wrist in comparison to the right and Tinnel's test was positive. Electromyogram studies were documented to have been completed, results not available for this review. Plan of care included chiropractor therapy. On 2/18/2014 Utilization Review non-certified chiropractic therapy, noting the chiropractic care was not indicated for a diagnosis of carpal tunnel syndrome. The MTUS Guidelines were cited. On 2/20/2014, the injured worker submitted an application for IMR for review of chiropractic therapy consult; continue with referral to [REDACTED] for purposes of medication plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TWO(2) TIMES PER WEEK FOR FOUR(4) WEEKS, TOTAL OF EIGHT(8) VISITS FOR LEFT HAND/WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS guidelines, page 49 of 127, gives the following recommendations regarding functional restor.

Decision rationale: The medical necessity for the requested 8 treatments was established. The claimant underwent a course of therapy at [REDACTED] that reportedly failed to provide lasting benefit. The claimant then underwent 6 sessions of therapy under the direction of [REDACTED]. The claimant was then denied and treatment discontinued. At the time of the QME dated 11/13/2014 it was opined that the claimant was not at maximum medical improvement. The report further indicated that the chiropractic treatment provided benefit. The recommendation was for additional therapy with the chiropractor. A request for additional treatment was submitted and denied because "chiropractic care was not indicated for a diagnosis of carpal tunnel syndrome." ODG guidelines, wrist chapter, indicate that manipulation for wrist complaints may be appropriate with 9 visits over 8 weeks. In addition, in this case, the treatment is not simply manipulation but passive and active modalities and work conditioning. Medical treatment utilization schedule guidelines support active work conditioning for chronic conditions in order to bring about functional improvement. Given the fact that the prior course of 6 sessions of chiropractic treatment brought about overall improvement, the findings and recommendation from the QME, and consistent with MTUS and ODG guidelines, the medical necessity for the requested 8 treatments was established.