

Case Number:	CM14-0085316		
Date Assigned:	07/23/2014	Date of Injury:	07/20/2012
Decision Date:	02/05/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 therapy, 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 a 45 year old female who sustained a work related injury on July 20, 2012. There was no documented mechanism of injury. According to the review the injured worker underwent a right carpal tunnel release in November 2013 and a left carpal tunnel release and decompression of the ulnar nerve at the cubital tunnel on March 19, 2014. The injured worker has undergone post operative physical therapy without documentation of patient response or effectiveness. Current medications in use are not noted but the treating physician's progress report on March 5, 2014 "meds help". The injured worker continues to have pain, palpable tenderness and decreased range of motion to the left wrist. The report reports the patient scheduled for left wrist surgery March 19th. The PR-2 of March 26, 2014 requests post op PT 8 visits.No other treatment modalities were discussed. The injured worker remains on temporary total disability (TTD) since the injury. The treating physician has requested authorization for chiropractic therapy once a week for 6 weeks to the left elbow and wrist.On May 12, 2014 the Utilization Review denied certification for chiropractic therapy once a week for 6 weeks to the left elbow and wrist. Citation used in the decision process was the Official Disability Guideline (ODG), Carpel Tunnel Syndrome and Elbow regarding manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 times a week times 6 weeks for the left elbow and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, and Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome and Elbow.

Decision rationale: The peer contact with the provider established that the request for manipulation was for the cervical spine and related headache not the extremity. No documentation was provided in the peer discussion or reviewed records supporting any cervical spine complaints. Provider offered to supplement this request with the clinical justification for the non-extremity manipulation. Therefore based on the guidelines and review of the medical records, the request is not medically necessary.