

<b>Case Number:</b>	CM15-0009467		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	06/29/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 41 year old male, who sustained an industrial injury on 6/29/2014. The diagnoses have included status post cat bite of the right hand, right hand pain, right hand neuropathy and carpal tunnel syndrome per nerve conduction velocity 10/16/2014. Treatment to date has included chiropractic treatment, acupuncture and medication. According to the primary treating physician medical re-evaluation dated 11/10/2014, the injured worker complained of constant right hand pain that was rated as moderate to occasionally severe. There was numbness and tingling close to the thumb and wrist area. The injured worker complained of insomnia secondary to the twitching, numbness and tingling sensations in his right hand. He reported that therapy helped decrease his pain temporarily. Physical exam of the right wrist/hand revealed tenderness to palpation of the anatomical snuffbox, the carpal bone, the thenar eminence and the wrist joint. Treatment plan was to continue chiropractic treatment. Magnetic resonance imaging (MRI) of the right hand was requested. A Transcutaneous Electrical Nerve Stimulation (TENS) unit was requested. The injured worker was prescribed Gabapentin, Naproxen and a transdermal compound. Authorization was requested for chiropractic treatment with physiotherapy and myofascial release once a week for six weeks. On 12/16/2014 Utilization Review (UR) non-certified a request for Six Additional Sessions of Chiropractic and Physical Therapy to the Right Hand. Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Sessions of Chiropractic Treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The MTUS Guidelines recommend chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed documentation indicated the worker was experiencing problems sleeping and pain with numbness and tingling in the right hand. These records did not address the amount or results of prior chiropractic care. There was no discussion detailing functional issues, the goals of continuing this therapy, or why additional sessions were likely to be of benefit. In the absence of such evidence, the current request for an additional six chiropractic care sessions is not medically necessary.

**6 Additional Sessions of Physical Therapy to The Right Hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's

symptoms. The submitted documentation indicated the worker was experiencing problems sleeping and pain with numbness and tingling in the right hand. There was no discussion describing the reason additional directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for an additional six physical therapy sessions for the right hand is not medically necessary.