

<b>Case Number:</b>	CM15-0106519		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	10/01/2004
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 75 year old male who sustained an industrial injury on 10/1/04. He currently complains of bilateral wrist and thumb pain, he reports mild improvement on the right; he has soreness on the right hand between the index and middle finger, with 5/10 pain. He has constant left thumb pain with a pain level of 5-6/10; low back pain and stiffness radiating to bilateral lower extremities (5-7/10). On physical exam there was tenderness on palpation on the dorsal surface of the right wrist with decreased range of motion; the left wrist was tender on palpation along the extensor surface at 2nd and 3rd web space with decreased range of motion and positive Finklesteins; lumbar spine shows tenderness on palpation with spasms and positive facet loading. Medications were omeprazole, Levatracin, LodoPro cream. Diagnoses include status post bilateral carpal tunnel thumbs release (2004); status post tendon transfer in the left wrist (2011); 3 thumb surgeries (2012, 2004, 2006); bilateral shoulder surgery (2012); right hand extensor surface; left thumb stiffness; multiple degenerative disease and degenerative disc disease of the lumbar spine; lumbar spine musculoligamentous sprain/ strain; chronic back pain; lumbar facetogenic syndrome; left thumb ankyloses. Treatments to date include bilateral wrist braces at night; chiropractic sessions (5) with some relief. Diagnostics include radiographs of bilateral hands and wrists (4/10/14) showing mild arthritic changes. In the progress note dated 4/1/15 the treating provider's plan of care includes requests for chiropractic care three times per week for three weeks; upper extremity consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for upper extremity consultation (bilateral wrists and bilateral thumbs) unknown DOS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 10/1/04. The medical records provided indicate the diagnosis of status post bilateral carpal tunnel release (2004); status post tendon transfer in the left wrist (2011); 3 thumb surgeries (2012, 2004, 2006); bilateral shoulder surgery (2012); right hand extensor surface; left thumb stiffness; multiple degenerative disease and degenerative disc disease of the lumbar spine; lumbar spine musculoligamentous sprain/ strain; chronic back pain; lumbar facetogenic syndrome; left thumb ankyloses. Treatments to date include bilateral wrist braces at night; chiropractic sessions (5) with some relief. The medical records provided for review do not indicate a medical necessity for Retrospective request for upper extremity consultation (bilateral wrists and bilateral thumbs) unknown DOS. The records state he has been authorized for second opinion upper extremity consultation, but no explanation was given for another. Also, the request does not specify the condition for which the referral was being made. The MTUS recommends that the management of the injured worker be done in the context of the information from thorough history (including review of medical records), and thorough physical examination. It is not possible to determine the specific condition the injured worker is being referred based on the available information. Therefore, the request is not medically necessary.

**Chiro x9: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 10/1/04. The medical records provided indicate the diagnosis of status post bilateral carpal tunnel thumbs release (2004); status post tendon transfer in the left wrist (2011); 3 thumb surgeries (2012, 2004, 2006); bilateral shoulder surgery (2012); right hand extensor surface; left thumb stiffness; multiple degenerative disease and degenerative disc disease of the lumbar spine; lumbar spine musculoligamentous sprain/ strain; chronic back pain; lumbar facetogenic syndrome; left thumb ankyloses. Treatments to date include bilateral wrist braces at night; chiropractic sessions (5) with some relief. The medical records provided for review do not indicate a medical necessity for Chiro x9. The medical records indicate the injured worker has had 5 chiropractic visits

in the past, but the records did not explain the part of the body or the condition that was treated. The MTUS recommends that the management of the injured worker be done in the context of the information from thorough history (including review of medical records), and thorough physical examination. It is not possible to determine from the available information the specific condition the injured worker needs chiropractic care. Therefore, the request is not medically necessary.