

Case Number:	CM15-0143484		
Date Assigned:	08/04/2015	Date of Injury:	08/12/2014
Decision Date:	09/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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: 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:

This injured worker is a 31-year-old female who reported an industrial injury on 8-12-2014. Her diagnoses, and or impression, were noted to include: cervical sprain-strain, consider impingement; and bilateral wrist-hand sprain-strain, consider carpal tunnel syndrome. Recent magnetic imaging studies of the right upper extremity were done on 2-18-2015, noting abnormal findings. Her treatments were noted to include: acupuncture therapy; medication management; and rest from work. The progress notes of 5-20-2015 reported occasional neck and "SCM" pain with stiffness; frequent moderate, radiating right shoulder pain into the arm; constant, moderate right wrist pain, with numbness and tingling, and aggravated by activities; intermittent-frequent right hand pain; and intermittent, mild-moderate left wrist-hand pain. Objective findings were noted to include that she was wearing a right wrist brace; positive distraction test of the cervical spine with decreased and painful range-of-motion; hypoesthesia of the right cervical-thoracic dermatomes; and tenderness over the bilateral wrists-hands, carpal bones and volar surfaces, with positive right Tinel's, positive bilateral Phalen's test, painful-decreased range-of-motion, and decreased grip on the right. The physician's requests for treatments were noted to include an evaluation and treatment with chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 4-6 Wks cervical spine/shoulder/ wrist/ hand Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule guidelines, page 58: Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, the request for treatment is to include treatment for the wrist. Medical treatment utilization schedule guidelines not support manipulation for wrist complaints. Therefore, the medical necessity for the requested 12 chiropractic treatments was not established.