

Case Number:	CM15-0193494		
Date Assigned:	10/07/2015	Date of Injury:	09/05/2014
Decision Date:	11/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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 is a 70 year old female who sustained a work-related injury on 9-5-14. Medical record documentation on 8-6-15 revealed the injured worker was being treated for a recent fall with fracture of the left wrist and casting, bilateral upper extremity overuse syndrome, bilateral carpal tunnel syndrome, lumbar sprain-strain, and lumbar radiculopathy to the bilateral lower extremities. She had a positive Phalen's and Tinel's sign on the right hand. Her left hand wrists were casted. She had a right positive compression test over the median nerve with numbness of the thumb, index and middle finger. She had mild thenar atrophy on the right and right mild abductor pollicis brevis weakness. She had positive Durkan's test on the right and positive prayer sign on the right. Range of motion of the bilateral elbows was flexion to 140 degrees and pronation to 80 degrees. She had +3 lumbar paravertebral tenderness and lateral rotation of the bilateral elbows elicited pain. A request for outpatient chiropractic manipulations to the lumbar spine and bilateral wrists, 2-3 times a week for six weeks and range of motion testing was received on 8-27-15. On 9-3-15 the Utilization Review physician determined outpatient chiropractic manipulations to the lumbar spine and bilateral wrists, 2-3 times a week for six weeks and range of motion testing was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic manipulations to lumbar & bilateral wrists, 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic low back pain and bilateral carpal tunnel syndromes. Previous treatments include medications, casting, wrist splints, physical therapy, and acupuncture. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week for low back pain, with evidences of objective functional improvements, total up to 18 visits over 6-8 weeks, the guidelines do not recommend chiropractic treatment for the wrists and carpal tunnel syndromes. Therefore, the request for 18 chiropractic visits for the lumbar and wrists is not medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Flexibility.

Decision rationale: The claimant presented with chronic low back pain and bilateral carpal tunnel syndromes. According to the available medical records, previous treatments include medications, casting, splints, physical therapy, and acupuncture. Current request is for chiropractic treatment and range of motion testing. Reviewed of the evidences based medical guidelines noted range of motion testing should be a part of a routine musculoskeletal evaluation, and ODG do not recommend computerized measures of lumbar spine range of motion. Therefore, it is not medically necessary.