MAXIMUS Federal Services

Case Number:	CM15-0207355		
Date Assigned:	10/26/2015	Date of Injury:	08/16/2007
Decision Date:	12/07/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 58 year old female with a date of injury of August 16, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for chronic left cervical radiculopathy, left superior trapezius contracture, left thoracic outlet syndrome, and left carpal tunnel syndrome. Medical records (August 17, 2015; September 4, 2015; September 29, 2015) indicate that the injured worker complained of ongoing left neck and superior trapezius pain, and continued numbness in the left hand. The physical exam (August 17, 2015; September 4, 2015; September 29, 2015) reveals positive Tinel's and Durkan's at the left wrist, visible fullness through the left supraclavicular fossa, palpable taut bands along the left cervical paraspinals, superior trapezius, levator scapula and rhomboids, and limited cervical range of motion secondary to pain. Treatment has included cervical spine fusion, four sessions of chiropractic treatments for the cervical spine, medications (Lidoderm patches, and Ibuprofen), and carpal tunnel injection (November of 2013) with "Significant improvement in symptoms lasting close to a year and a half". The utilization review (October 6, 2015) non-certified a request for a carpal tunnel injection and eight sessions of chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel injection QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter and pg.

Decision rationale: According to the guidelines injections are recommended for carpal tunnel after failing medications and conservative management. In this case, the claimant is not a candidate for surgery. There are persistent symptoms, while on medications. The request for an injection is appropriate, is medically necessary.

Chiropractic care for cervical spine #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the guidelines, manual therapy may be considered for a 2 week 6 sessions trial If beneficial the treatments can extend top 18 sessions. In this case, the claimant had 4 sessions 5 months ago. Response to treatment was not mentioned. An additional 8 sessions exceeds the trial guidelines. Although 18 sessions may be appropriate if there is documentation of benefit, the request to reinitiate 8 sessions exceeds the trial amount needed to determine benefit, therefore is not medically necessary.