

<b>Case Number:</b>	CM15-0207395		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 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 applicant is a represented 56-year-old who has filed a claim for chronic neck, shoulder, wrist, and elbow pain reportedly associated with an industrial injury of November 20, 2013. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for a hand brace and 10 sessions of chiropractic manipulative therapy. A September 15, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported multifocal complaints of neck, shoulder, elbow, wrist, and hand pain. A rather proscriptive 5-pound lifting limitation was renewed. The applicant was not seemingly working with said limitations in place. The treating provider stated that the applicant was avoiding going to work, exercising, performing household chores, participating in recreational activities, driving, and/or doing shopping secondary to her pain complaints. Diclofenac and omeprazole were renewed on this date. On September 15, 2015, the applicant reported ongoing issues with neck, shoulder, elbow, wrist, and hand pain with associated paresthesias about the right hand. The applicant had developed issues with depression and anxiety. 10 sessions of occupational therapy were sought. The applicant had received somewhere between one and three prior treatments for the hand, the treating provider reported. The applicant was not working with a rather proscriptive 5-pound lifting limitation in place, the treating provider acknowledged. Exercise, performing household chores, going to work, shopping, driving, and the like all remained problematic, the treating provider reported. The attending provider also sought an additional 10 sessions of manipulative therapy. On a subsequent note dated October 13, 2015, the applicant was described as having completed 10

sessions of occupational therapy for the hand, with no improvement. The hand surgery consultation was sought. 10 sessions of manipulative therapy for the cervical spine and hand were also sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Hand Brace x1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** Yes, the request for a right hand brace was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line conservative treatment for carpal tunnel syndrome, i.e., the diagnosis reportedly present here on or around the date in question, September 15, 2015. The attending provider contended on that date that the applicant had developed paresthesias, numbness, and tingling about the right hand, imputed to presumed carpal tunnel syndrome. Introduction of a wrist brace or wrist splint was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.

#### **Chiropractic Therapy 2x5 Neck, Right Upper Extremity: 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:** Conversely, the request for 10 sessions of chiropractic manipulative therapy for the neck and right upper extremity was not medically necessary, medically appropriate, or indicated here. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines notes that manipulative therapy is not recommended in the treatment of the forearm, hand, and/or wrist, i.e., the primary pain generators here. The attending provider failed to furnish a clear or compelling rationale for usage of manipulative therapy for body parts and/or diagnoses for which it is not recommended, per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. Given the date of the request, September 15, 2015, in relation to the date of injury, November 19, 2013, the request in question likely represented a renewal request for chiropractic manipulative therapy, although it is acknowledged that this was not explicitly stated on September 15, 2015 office visit at issue. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate achievement success by achieving and/or maintaining successful return to work status, here, however, the applicant was not working, it was acknowledged on September 15, 2015. It did not appear that earlier manipulative therapy had proven beneficial. Therefore, the request for an additional 10 sessions of chiropractic manipulative therapy was not medically necessary.