

Case Number:	CM15-0208458		
Date Assigned:	10/27/2015	Date of Injury:	05/18/2010
Decision Date:	12/08/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/22/2015

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: Chiropractic

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 57 year old female, who sustained an industrial injury on 5-18-2010. The injured worker is being treated for status post bilateral carpal tunnel release right 2011 and left 2012. Treatment to date has included surgical intervention, medications, occupational therapy, and chiropractic care. Per the Primary Treating Physician's Progress Report dated 9-25-2015 the injured worker reported bilateral wrist pain increased due to increased work load and restrictions not followed. She also reported weakness in her bilateral grip. Objective findings included tenderness upon flexion and extension, positive Tinel's and decreased sensation to the middle three fingers. There is no specific documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level with the prior chiropractic treatment. Work status was modified. It is unclear from the medical records provided how many sessions of prior chiropractic therapy the IW has had. The plan of care included, and authorization was requested on 10-16-2015 for 8 (2x4) additional sessions of chiropractic for the bilateral wrists. On 10-22-2015, Utilization Review non-certified the request for 8 (2x4) sessions of chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; eight (8) visits (2x4): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Wrist, Forearm and Hand/Manipulation.

Decision rationale: The patient has received chiropractic care for her wrist injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for reviewed however, 12 sessions of chiropractic care have been completed in 2014. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS and The ODG do not recommend manipulation for the wrist/carpal tunnel syndrome. The patient is 3 years status post carpal tunnel release. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the bilateral wrists to not be medically necessary and appropriate.