

Case Number:	CM15-0209278		
Date Assigned:	10/28/2015	Date of Injury:	06/25/2014
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 56 year old male, who sustained an industrial injury on 06-26-2014. He has reported injury to the bilateral hands-wrists and low back. The diagnoses have included bilateral wrist tenosynovitis; right shoulder rotator cuff syndrome; right lateral epicondylitis; and lumbar spine sprain-strain with radicular complaints. Treatment to date has included medications, diagnostics, activity modification, heat, cold, occupational therapy, and physical therapy. Medications have included Motrin and Tylenol. A progress report from the treating physician, dated 10-08-2015, documented an evaluation with the injured worker. The injured worker reported continued intermittent moderate low back pain; leaning backwards slightly relieves his low back pain a little; prolonged standing, for five minutes, worsens the pain; and he also reports continued intermittent moderate pain in both wrists. Objective findings included diffuse tenderness to palpation bilaterally of the hands-wrists; there is restricted range of motion secondary to pain; tenderness to palpation about the lumbar spine paralumbar musculature; tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch; there are muscle spasms; there is restricted range of motion due to complaints of pain; and positive straight leg raise test and Lasegue's test to the right. The treatment plan has included the request for chiropractic treatment bilateral wrists 2 x 4. The original utilization review, dated 10-14-2015, non-certified the request for chiropractic treatment bilateral wrists 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment Bilateral Wrists 2 x 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions to the bilateral wrists two times per week times four weeks are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Chiropractic treatment is not recommended for the forearm, wrists and hands. In this case, the injured worker's working diagnoses are bilateral wrist tenosynovitis; and lumbar spine sprain strain with radicular complaints. Date of injury is January 1, 2003 through June 25, 2014. Request for authorization referral date is October 13, 2015. According to an October 8, 2015 progress note, the injured worker has continued intermittent moderate low back pain. Leaning back slightly relieves the pain and standing greater than five minutes for since the pain. The injured worker also has moderate pain in both wrists. Objectively, there is diffuse tenderness in the hands and wrists bilaterally with decreased range of motion secondary to pain. The guidelines do not recommend chiropractic treatment of the forearms, wrists and hands. There are no compelling clinical facts indicating chiropractic treatment is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for chiropractic treatment to the wrists, chiropractic sessions to the bilateral wrists two times per week times four weeks are not medically necessary.