

Case Number:	CM15-0209898		
Date Assigned:	10/28/2015	Date of Injury:	07/06/2015
Decision Date:	12/17/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 7-6-15. Medical records indicate that the injured worker is undergoing treatment for bilateral wrist tendinitis, cervical sprain-strain, lumbar sprain-strain, cervical disc degeneration, lumbar spondylosis and mild to slight carpal tunnel syndrome. The injured workers work status was not indicated. The chiropractic progress report dated 10-8-15 notes that the injured worker complained of right wrist and first finger pain rated 3 out of 10 on the visual analog scale. The injured worker also noted left wrist pain rated 3 out of 10 on the visual analog scale. The symptoms extend from the wrists to the anterior crease of the palm, with associated numbness and tingling. Objective findings revealed bilateral normal range of motion with mild pain. Tinel's, Finkelstein's and Phalen's tests were positive on the right and negative on the left. Treatment and evaluation to date has included medications, electrodiagnostic studies, wrist splints, ice-heat treatments, home exercise program and chiropractic treatments (10). Current medications include Ibuprofen and Norco. Treatments tried and failed include physical therapy (8). The current treatment request is for extra spinal manipulation 2 times a week for 3 weeks for the bilateral wrists. The Utilization Review documentation dated 10-19-15 non-certified extra spinal manipulation 2 times a week for 3 weeks for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extraspinal manipulation 2x a week for 3 weeks for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manipulation.

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

Decision rationale: The claimant presented with chronic neck, back, and bilateral wrist pain. Previous treatments include medications, wrist splint, chiropractic, and home exercises. According to the available medical record, the claimant has completed 10 chiropractic visits to date. Although chiropractic manipulation might be recommended for the low back, it is not recommended for the wrist and carpal tunnel syndromes. Based on the guidelines cited, the request for additional 6 manipulations for bilateral wrist is not medically necessary.