

Case Number:	CM15-0030244		
Date Assigned:	02/23/2015	Date of Injury:	03/29/2013
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/18/2015

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: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 03/29/2013. He has reported right elbow pain and bilateral wrist pain. The diagnoses have included right lateral epicondylitis; and bilateral carpal tunnel syndrome. Treatment to date has included medications, bracing, acupuncture, and physical therapy. Medications have included Gabapentin. An evaluation with a treating provider, dated 01/16/2015, documented the injured worker to report bilateral wrist pain with numbness, tingling, and weakness in his hands; and worsening right elbow pain. Objective findings included tenderness to palpation of the right lateral epicondyle; decreased sensation in ulnar pattern on the right; tenderness to palpation of the wrist joints; and decreased grip strength on the right. Request is being made for chiropractic treatment which includes supervised physiotherapy at 2 times a week for the next 6 weeks. On 01/28/2015 Utilization Review noncertified a prescription for Chiropractic Treatment with Physiotherapy. The Official Disability Guidelines were cited. On 02/18/2015, the injured worker submitted an application for IMR for review of a prescription for Chiropractic Treatment with Physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment with Physiotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: This patient presents with persistent bilateral wrist pain with numbness, tingling and weakness. The patient also complains of worsening of right elbow pain. The current request is for CHIROPRACTIC TREATMENT WITH PHYSIOTHERAPY. Regarding Chiropractic, MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." In this case, per MTUS guidelines chiropractic treatment is not recommended for the forearm, hand or wrist. This request IS NOT medically necessary.