MAXIMUS Federal Services

Case Number:	CM15-0053250		
Date Assigned:	03/26/2015	Date of Injury:	03/31/2000
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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 43 year old female who sustained an industrial injury on 3/31/00. The mechanism of injury was not identified. She currently complains of worsening muscle tightness/ neck pain, headaches. In addition she is experiencing bilateral hand weakness. She is requesting to see a chiropractor. She has had chiropractic therapy over the last 12 years. Medications are naproxen and aspirin. Diagnoses include myofascial pain; bilateral carpal tunnel syndrome; fibromyalgia. Treatments to date include chiropractic therapy and medications. Diagnostics include abnormal electrodiagnostic studies (7/12/00); repeat nerve conduction studies (11/2/12) which were normal. In the progress note dated 2/20/15 the treating provider's plan of care includes a request for 6 additional sessions of chiropractic therapy for the bilateral wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment 2 times a week for 3 weeks for the bilateral wrist/hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome and Forearm Wrist & Hand Chapters, Manipulation Sections. MTUS Definitions Page 1.

Decision rationale: The patient has received chiropractic care for her current wrist injuries. The MTUS Chronic Pain Medical Treatment Guidelines and ODG Wrist and Hand Chapter state that Manual therapy and manipulation is "not recommended" for wrist and hand. Furthermore, The ODG Carpal Tunnel Syndrome Chapter addresses manipulation and does not recommend manipulation. However, the same section states that "(if a decision is made to use this treatment despite the lack of convincing evidence) Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks." 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." Since the patient has received over 22 chiropractic care sessions to the wrist and hand already with no evidence of objective functional improvement I find that the 6 additional chiropractic sessions to bilateral wrists and hands is not medically necessary and appropriate.