

Case Number:	CM15-0083808		
Date Assigned:	05/06/2015	Date of Injury:	10/09/2014
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 47 year old female, who sustained an industrial injury on 10/9/2014. The current diagnoses are rule out bilateral carpal tunnel syndrome, right hip fracture, status post open reduction with internal fixation, bilateral chondromalacia of the knees, and possible overuse syndrome of the bilateral hands. According to the progress report dated 4/1/2015, the injured worker complains of constant pain in the bilateral wrists and right hip. Additionally, she reports frequent pain in the bilateral knees. Treatment to date has included medication management, X-rays, MRI studies, wrist brace, physical therapy, home exercise program, functional capacity evaluation, chiropractic, electrodiagnostic testing, and surgical intervention. The plan of care includes range of motion testing and 12 additional chiropractic sessions to the bilateral hands & knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing to bilateral hands & knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Flexibility.

Decision rationale: Measure of flexibility or range of motion is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. In this case the patient had range of motion of bilateral hands in January and March of 2015 as part of the physical examination. There is no medical necessity for additional range of motion testing. Range of motion of the knees is part of the physical examination. Medical necessity has not been established. The request is not medically necessary.

Chiropractic therapy 2 x 6 to the bilateral hands & knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

Decision rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient has received physical therapy with no documentation of objective evidence of functional improvement. Lack of past progress is an indicator that future progress is unlikely. The request is not medically necessary.