

Case Number:	CM14-0006364		
Date Assigned:	02/12/2014	Date of Injury:	06/26/2010
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/13/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who reported an injury on 06/26/2010. The mechanism of injury was not stated. The current diagnoses include cervical spine and trapezius sprain/strain, bilateral shoulder parascapular strain, bilateral cubital tunnel syndrome, bilateral wrist tendinitis with carpal tunnel syndrome, emotional complaints, insomnia, gastrointestinal complaints, and right wrist status post carpal tunnel release on 08/14/2013. The injured worker was evaluated on 10/03/2013. The injured worker reported persistent pain in the right wrist with left hand numbness. Physical examination revealed a well heal surgical scar over the Guyon's tunnel on the left, no signs of infection, minimal range of motion, numbness at the radial aspect of the 4th digit on the left, tenderness of the medial epicondyle on the left, and no signs of infection with 5 to 100 degree range of motion of the left elbow. The treatment recommendations included continuation of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) CHIROPRACTIC SERVICES, LEFT ELBOW, BETWEEN 12/11/2013 AND 4/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines - Elbow.

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

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. The treatment for the upper extremity is not recommended. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

ONE (1) RIGHT UPPER TRAPEZIUS INJECTION UNDER US GUIDANCE, BETWEEN 12/11/2013 AND 4/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 122.

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As per the documentation submitted, the injured worker does not demonstrate circumscribed trigger points with a twitch response. There is no evidence of a failure to respond to medical management therapy such as stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. Based on the clinical information received and the California MTUS guidelines, the request is non-certified.