

Case Number:	CM14-0105253		
Date Assigned:	09/16/2014	Date of Injury:	05/10/2013
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 a licensed Chiropractor 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 patient is a 35-year-old female who has submitted a claim for carpal tunnel syndrome, associated with an industrial injury date of 05/10/2013. Medical records from January 2014 to September 2014 were reviewed. The patient complained of right wrist pain, radiating to the right hand, with associated symptoms of tingling. Symptoms are aggravated by gripping, and repetitive motion. Physical examination revealed positive Phalen's and Tinel's sign on the right wrist. Electromyography (EMG), dated May 14, 2014, revealed normal results and Nerve Conduction Studies (NCV), also dated May 14, 2014, revealed right mild carpal tunnel syndrome. Treatment to date has included naproxen, ibuprofen, acupuncture, and physical therapy. Utilization review from June 27, 2014 denied the request for twelve chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve chiropractic physiotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care 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. Chiropractic care is not recommended for other body parts other than low back. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, the patient's symptoms persisted despite completion of physical therapy, hence, this request for chiropractic care. However, the requested number of sessions exceeded guideline recommendation of 6 visits as trial basis. Moreover, progress reports showed that intended body part for manipulation was the wrist. However, California Medical Treatment Utilization Schedule does not support manual therapy or manipulation of the wrist. There is no clear indication for chiropractic treatment at this time. Therefore, the request for twelve chiropractic physiotherapy is not medically necessary.