

Case Number:	CM14-0120104		
Date Assigned:	08/06/2014	Date of Injury:	08/07/2012
Decision Date:	09/30/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/29/2014

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:

According to the available medical records, the injured worker is a 55-year-old female patient with chronic bilateral wrist pain and numbness, date of injury is 08/07/2012. Previous treatments include carpal tunnel release, physical therapy, medications, splints, TENS and modified activities. Progress report dated 06/10/2014 by the treating doctor revealed the patient complaints of bilateral wrist pain, frequent moderate pain with numbness, tingling and weakness, aggravated by repetitive movement such as grasping, gripping, pushing and pulling. Physical examination of bilateral upper extremities reveals scars consistent with prior right carpal tunnel decompression, positive bilateral Tinel, positive bilateral Phalen's, positive bilateral compression test over the median nerve with numbness of the thumb, index, and middle finger at approximately 5 seconds, positive bilateral thenar atrophy, positive bilateral abductor pollicis brevis weakness, positive bilateral Durkan's test and positive bilateral Prayer sign, positive bilateral pain over lateral epicondyles, positive extreme pain over bilateral medial epicondyles. Diagnoses include status post right carpal tunnel decompression, recurrent right carpal tunnel syndrome, r/o left carpal tunnel syndrome, right upper extremity overuse syndrome, left upper extremity overuse syndrome, right lateral epicondylitis, right medial epicondylitis, left lateral epicondylitis, left medial epicondylitis, left elbow bursitis and right elbow bursitis. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments two to three times a week for six weeks bilateral hands/wrists:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presented with bilateral upper extremities pain, tingling, numbness and weakness. She has been treated with medication, splints, TENS, surgery and post-op physical therapy with no positive outcomes. The patient remained symptomatic and chiropractic treatments two to three times a weeks is recommended concurrent with medications, TENS, splints. However, chiropractic treatment is not recommended by California MTUS guidelines for the treatments of carpal tunnel syndromes, forearm, wrist and hand. Therefore, the request for chiropractic Treatments two to three times a week for six weeks bilateral hands/wrists is not medically necessary and appropriate.