

Case Number:	CM14-0163957		
Date Assigned:	10/08/2014	Date of Injury:	12/04/2013
Decision Date:	11/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 41-year-old male who sustained a work injury on 12/04/2013. On this date, the claimant was lifting and carrying a 40 lb. block of cheese for 15 to 20 feet repetitively. The claimant was provided with a diagnosis of strains and sprains of the right wrist. The claimant is currently treating with medications. The claimant had EMG/NCS that showed mild to slight right carpal tunnel syndrome and concomitant slowing of the ulnar distal sensory latency at the wrist. There was no evidence of radiculopathy. The claimant was also treated with a brace and activity modification. On 7/15/14 the provider notes the claimant has no significant degree of improvement. The claimant reported pain in the thumb side of the wrist and numbness and tingling in his thumb and index and middle fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physiotherapy-chiropractic visits for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand Chapter - manipulation

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG note that manipulation is not recommended for forearm, wrist or hand injuries. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies. Results of a single study suggest that manual therapy may have some use in the treatment of carpal tunnel syndrome. There is an absence in documentation noting that this claimant has extenuating circumstances to support chiropractic therapy outside of the current treatment recommendations. Additionally, there is no documentation as to improvement with prior therapy afforded. Therefore, the medical necessity of this request is not established.