

Case Number:	CM14-0092852		
Date Assigned:	07/25/2014	Date of Injury:	12/09/2011
Decision Date:	10/08/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 Licensed in Chiropractor, has a subspecialty in Acupuncture 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:

The injured worker is a 55-year-old male with a reported date of injury on 12/09/2011. The mechanism of injury was noted to be due to cumulative trauma. His diagnoses were noted to include bilateral wrist carpal tunnel syndrome and bilateral elbow cubital tunnel syndrome. His previous treatments were noted to include medications. The progress note dated 04/15/2014 revealed complaints of pain. The physical examination revealed decreased sensation to the right digits. The deep tendon reflexes were noted to be 2/5 to the bilateral upper extremities. Motor strength testing was rated 5/5 to the bilateral upper extremities. The physical examination of the bilateral wrist revealed positive tenderness to palpation, Tinel's, carpal tunnel, and compression test. The physical examination of the bilateral elbows revealed tenderness to palpation to the medial epicondyle and a positive Tinel's and a positive elbow flexion test. The Request for Authorization form was not submitted within the medical records. The request was for chiropractic 2 times a week x4 weeks, to the bilateral wrists and bilateral elbows to reduce work restrictions, reduce pain level, and reduce medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x a week x 4 weeks, bilateral wrists and bilateral elbows.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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

Decision rationale: The injured worker complains of pain to the bilateral wrist and elbows. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation 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. The guidelines do not recommend manual therapy and manipulation to the forearm, wrist, and hand. The request was for chiropractic treatment to the bilateral wrist, bilateral elbows, and this is not supported by the guidelines. The documentation provided indicated the injured worker had chiropractic treatment to the bilateral shoulders. Therefore, the guidelines do not support manual therapy and manipulation to the wrist and forearm, and the documentation from chiropractic therapy mentions the injured worker requesting treatment for his shoulders only; the request for chiropractic treatment to the bilateral wrist and bilateral elbow is not appropriate at this time. Therefore, the request for Chiropractic 2 x a week x 4 weeks, Bilateral Wrists and Bilateral Elbows is not medically necessary.