MAXIMUS Federal Services

Case Number:	CM14-0212258		
Date Assigned:	01/02/2015	Date of Injury:	08/09/2011
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male with a work injury dated 05/01/2011. He states he reached to get a box of lettuce that was located above his shoulder level. The box broke causing him to fall backwards hitting the metal guard of a forklift. He hit his right elbow and low back area on the metal guard. He did not seek medical treatment at that time. One week later he noticed increased right elbow pain. X-rays were taken and he was taken off work for 2 days. In August 2011 he was seen by an orthopedist and right elbow was placed in a cast for 2 weeks. He has been off work since August of 2011. Prior treatment included physical therapy for right elbow (with temporary relief) and cortisone injection into right shoulder which only gave him 4 days of relief. In February of 2012 he received a cortisone injection in his right elbow and one into his right shoulder which "helped a little." He also received 24 sessions of physical therapy to his neck, upper back, right elbow and right arm. The treatments helped him "a little." In the visit dated 03/05/2014 (which is the only submitted record for review) the injured worker (IW) complained of pain in neck; back, both shoulders and both wrists. He has a past medical history of diabetes. At the time of the 03/05/2014 note physical exam revealed a normal gait, neck was non tender and there was a negative impingement sign of the shoulders. Examination of the elbows revealed no specific abnormalities. There were no obvious deformities of bilateral hands and wrists. Tinel's sign, Phalen's test, Finkelstein's test and Allen's test was negative. On 12/12/2013 electro diagnostic study of both upper limbs were normal. On 11/14/2014 utilization review received a request for chiropractic therapy two times a week for six weeks for the bilateral wrists/hands. On 11/20/2014 utilization review issued a decision stating non-

certification is recommended for the requested chiropractic therapy two times a week for 6 weeks for the bilateral wrists/hands. Rationale stated was: Evidence based guidelines do not consistently support chiropractic manipulation in the management of wrist and hand complaints. Cited guidelines were MTUS, ACOEM and Official Disability Guidelines. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy - two times a week for six weeks for bilateral wrists/hands: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering, and the Restoration of Function Chapter, page 114

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, wrist, and hand

Decision rationale: Chiropractic 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.Trials of magnet therapy, laser acupuncture, exercise or chiropractic care did not demonstrate symptom benefit when compared to placebo or control. There is limited evidence that medical care over nine weeks improves physical distress in the short-term when compared with chiropractic treatment. Limited evidence also suggests that chiropractic and medical treatment provide similar short-term improvement in mental distress, vibrometry, hand function and health-related quality of life.In this instance, the documentation does not provide much information with regard to hand or wrist complaints except to say there is neck pain which radiates to the hands with occasional numbness and tingling. Diagnoses of right and left hand wrist strain/sprain and right carpal tunnel syndrome are provided in the medical record. The diagnosis of carpal tunnel syndrome was not supported by physical exam or electrodiagnostic studies. Chiropractic care for hand and wrist sprains/strains is not supported by the guidelines. The injured worker does not appear to have carpal tunnel syndrome. Therefore, chiropractic therapy - two times a week for six weeks for bilateral wrists/hands is not medically necessary.