

Case Number:	CM14-0217002		
Date Assigned:	01/06/2015	Date of Injury:	12/13/2012
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California

Certification(s)/Specialty: Chiropractor

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 was a 55 year old female, who was injured on the job December 13, 2012. The injured worker was diagnosed with carpal tunnel syndrome. The injured workers was diagnosed with status post cervical sprain myofascial pain, cervical degenerative disc disease of C5-C6 radiculitis improved and right and left carpal tunnel syndrome. The injured worker had carpal tunnel, release surgery on October 7, 2014. According to the progress note of January 6, 2015, the injured worker was three week postoperative and was continuing to had residual swelling, weakness and mild loss of function. The injured worker had completed a total of 16 physical therapy treatments. The physical therapy treatment notes failed to show functional improvement. On December 19, 2014 the physical therapist suggested occupational therapy in conjunction with a home exercise program. The injured worker was also using cryotherapy for pain relief. The injured worker stated her pain level was 7; 0 being no pain and 10 being the worse pain, approximately 60-70% of the time. The primary treating physician suggested chiropractic services to assist with pain control. The documentation submitted for review failed to support the injured worker had had chiropractic services in the past. On December 3, 2014 the UR denied authorization of additional chiropractic services 2 times a week for 4 weeks. The denial; was based on the MTUS guidelines for Chronic Pain recommendations of trial of 6 visits over 2 weeks with evidence of objective functional improvement for further treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic therapy, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or ef.

Decision rationale: The claimant presented with ongoing neck and wrists pain despite previous treatments with medications, physical therapy, and carpal tunnel release surgery. The claimant has had 16 physical therapy treatments with no evidences of functional improvement. While there are no document of previous chiropractic services, MTUS guidelines do not recommend chiropractic manual therapy for carpal tunnel syndromes, wrist, and hand. Therefore, the request for chiropractic services is not medically necessary.