

Case Number:	CM15-0111349		
Date Assigned:	06/17/2015	Date of Injury:	12/30/2013
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: North Carolina

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:

The injured worker is a 43-year-old male who sustained a cumulative industrial injury on 12/30/2013. There was no mechanism of injury documented. The injured worker was diagnosed with bilateral wrist sprain/strain; rule out left inguinal hernia and lumbar sprain/strain. Treatment to date has included diagnostic testing, anatomical impairment measurement evaluation of the bilateral wrists, knees and lumbar spine, pain management evaluation, pulmonary stress testing, sleep studies, cardio-respiratory diagnostic testing, sudo scan (May 19, 2015), Interferential (IF) unit, motorized cold therapy unit and medications. According to the primary treating physician's progress report on April 3, 2015, the injured worker continues to experience low back pain rated at 1-2/10 bilateral wrist pain rated at 1-2/10 and left abdominal pain. Examination demonstrated mild tenderness to the lumbar spine, tenderness to the left groin and bilateral wrist end of range of motion pain. Current medications are listed as Tramadol ER, Naproxen, Pantoprazole and topical creams. Treatment plan consists of follow-up appointment, urine drug screening and the current request for chiropractic therapy 3 times a week for 4 weeks to the bilateral wrists, sudo scan study and autonomous nervous study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times a week for 4 weeks to the bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary, recurrences/flare-ups, Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for 12 sessions. This does not meet criteria guidelines and thus is not medically necessary.

Autonomous nervous study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, autonomic nervous system study.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states that autonomic nervous function studies are not generally recommended as a diagnostic test for CRPS. There is no clinical documentation provided for review of autonomic dysfunction. Therefore the request is not medically necessary.

Sudo scan study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH, sudo scan.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The NIH states the requested service can be used to detect small fiber disease in particular diabetic neuropathy. The patient does not have the diagnoses of diabetes and

therefore the request is not medically necessary.