

Case Number:	CM15-0112655		
Date Assigned:	06/19/2015	Date of Injury:	01/07/2015
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

Certification(s)/Specialty: Chiropractic

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 chronic injury case with a date of injury of January 7, 2015. The injury was sustained while the injured worker was working as an assembler for many years. The injured worker would be looking down for long periods of time. The injured worker previously received the following treatments Tylenol, Cyclobenzaprine, Omeprazole, Lipitor and physical therapy in the past have somewhat helped, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities which showed mild carpal tunnel syndrome of the bilateral upper extremities and acupuncture. The injured worker was diagnosed with very mild carpal tunnel syndrome of the bilateral upper extremities, hand pain with weakness and numbness mostly from the cervical area and cervical stenosis. According to progress note of May 14, 2015, the injured worker's chief complaint was hand and bilateral trapezius pain. The pain and weakness in the hands had gotten to the point where the injured worker was not able to work anymore. The physical exam noted the injured worker denied any indigestion, reflux, nausea or vomiting of blood or abdominal pain. The injured worker was positive for joint pain, muscle weakness and numbness in the arms. The physical inspection of the cervical neck posture was well preserved with no splinting. The palpation of the paracervical region for the base to T1 including the rhomboids and trapezius noted no areas of tenderness or spasms bilaterally. There was decreased range of motion in the cervical spine. There was tenderness to palpation over the flexor and extensor surfaces. The range of motion of the fingers bilaterally was normal. There was decreased sensation in the finger tips and shoulder areas. The motor strength was decreased to 3 out of 5 throughout the bilateral upper extremities. The treatment plan included a trial of 6 sessions of chiropractic services for the bilateral hands and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 1 time a week for 6 weeks for the bilateral hands and shoulders:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome and Shoulder Chapters, Manipulation Sections.

Decision rationale: Contrary to the statements made by the UR reviewer, the patient has not received chiropractic care for her carpal tunnel and shoulder injuries in the past. The initial examination notes submitted by the chiropractic physician are present in the materials provided and were reviewed. There also is an attestation letter from the injured worker documenting that chiropractic care has not commenced but requested. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG both recommend manipulative care for chronic pain if caused by musculoskeletal conditions. The patient's conditions are musculoskeletal repetitive strain injury conditions. The ODG does not recommend manipulation for carpal tunnel syndrome but it does recommend manipulation to the shoulder, 9 sessions over 8 weeks. This is a request for an initial trial of 6 sessions of chiropractic care to the wrists and shoulders. Since both body regions have been named in the same request and The ODG does recommend manipulation to the shoulders I find that the 6 initial chiropractic sessions requested to the wrists and shoulders to be medically necessary and appropriate.