

Case Number:	CM15-0118823		
Date Assigned:	06/29/2015	Date of Injury:	08/06/2007
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male who sustained an industrial injury on 8/6/07. Diagnoses are right carpal tunnel, right ulnar tunnel, and right ulnar neuropathy, status post right endoscopic carpal tunnel release-3/14/08, status post right repair of the ulnar nerve and ulnar artery- 10/21/08, status post right trigger finger release. In a progress report dated 6/1/15, a treating physician reports complaints of persistent tingling sensation and allodynia on the 4th and 5th digits of the right hand, and sensitivity to touch in the right hand ulnar distribution. The injured worker is requesting acupuncture or chiropractic treatment. Pain is 7-9/10 and he complains of inability to sleep secondary to pain. Pain limits his ability to socialize but with medications he is able to do so. Medications allow his pain to be manageable and reduces pain over 60% allowing him to perform activities of daily living. Current medications are Gabapentin and Tramadol ER 150mg. Grip strength is decreased on the right. There is full range of motion of hands, wrists, and fingers. There is hypersensitivity of the right ulnar distribution and slight swelling at the right wrist. Tinel's sign is positive on the right and Phalen's test is positive bilaterally. He has residual right ulnar neuropathy and has developed left carpal tunnel syndrome. Work status is he is on social security disability. The treatment plan is for chiropractics, refill Gabapentin, continue Cymbalta, start Lunesta, refill Tramadol ER, continue Flurbiprofen cream, urine drug screen, and instruct in home exercise program. The treatment requested is chiropractic treatment, 6 sessions to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 6 sessions to right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state on pages 58-60 the following regarding manual therapy & manipulation: 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 re-evaluate 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: b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Given the above guidelines which specifically recommend against chiropractic manipulation for the body region of the wrist, this request is not medically necessary.