

Case Number:	CM15-0119799		
Date Assigned:	06/30/2015	Date of Injury:	04/01/2013
Decision Date:	07/29/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/22/2015

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: Chiropractor, Oriental Medicine

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 (IW) is a 26-year-old female who sustained an industrial injury on 04/01/2013. This was a cumulative injury to the right wrist due to repetitive movement. Diagnoses include right extensor compartment tendinosis of the wrist; rule out right cervical radiculopathy versus carpal tunnel syndrome with acute symptoms noted of numbness and tingling; and myofascial pain syndrome. Treatment to date has included medications, physical therapy, home exercise and trigger point injections. According to the progress notes dated 4/24/15, the IW reported throbbing, sharp, burning sensations into the volar aspect of the right wrist and forearm. She stated the pain travels into the back of her arm and the neck area and was rated 4 to 7/10. The pain was aggravated by lifting. New symptoms included numbness and tingling in the hand and the medial forearm. On examination, cervical spine range of motion was improved secondary to trigger point injections, but limited to extension and lateral rotation on the right side due to pain. There was pain on palpation of the volar aspect of the right wrist tendons and of the right medial epicondyle. Trigger points were present in the cervical paraspinal musculature, the trapezius and the levator scapulae muscles. Muscle stretch reflexes of the right brachioradialis was 1 and the right biceps and triceps were 2. MRI of the right wrist dated 1/6/14 showed suspicion of an occult right triangular fibrocartilage tear and degenerative signal of the scapholunate ligament of the right wrist. A request was made for six chiropractic treatments for the right wrist for myofascial release to allow better movement so the IW can continue to work without limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic times 6 for the right leg: 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination dated 5/19/15 denied the request for Chiropractic manipulation to the wrist, 6 sessions, citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records failed to document the medical necessity for the introduction of Chiropractic care, 6 sessions, to a region of the upper extremity that referenced CAMTUS Chronic Treatment Guidelines did not support or recommend manipulative care. The medical necessity for manipulation of the wrist not established by records reviewed or supported by referenced CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.