

Case Number:	CM15-0177203		
Date Assigned:	09/17/2015	Date of Injury:	07/29/2009
Decision Date:	11/25/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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: California, Minnesota

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:

This 44 year old female sustained an industrial injury on 7-29-09. Documentation indicated that the injured worker was receiving treatment for cervical discopathy and bilateral carpal tunnel syndrome. Previous treatment included physical therapy, acupuncture, bracing and medications. In the most recent progress note submitted for review, dated 6-24-15, the injured worker complained of ongoing "severe" neck pain with radiation to both hands associated with tingling and numbness, intermittent "moderate" low back pain and left knee and ankle pain. Physical exam was remarkable for right wrist with "diffuse" tenderness to palpation and positive Tinel's sign, cervical spine with tenderness to palpation around the trapezius musculature, "restricted" range of motion due to complained of pain, positive cervical distraction test and decreased sensation in the left C4-5 distribution, right shoulder with tenderness to palpation, restricted range of motion due to pain and positive supraspinatus weakness test. The physician documented that electromyography and nerve conduction velocity test (undated) of bilateral upper extremities showed no electrodiagnostic evidence of neuropathy or myopathic process or neuropathy in bilateral upper extremities. The treatment plan included acupuncture twice a week for four weeks and magnetic resonance imaging cervical spine. On 8-19-15, a request for authorization was submitted for chiropractic therapy for the right wrist. On 8-28-15, Utilization Review non-certified a request for eight chiropractic therapy sessions for the right wrist, twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic treatment of the right wrist, two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the wrist is not recommended. The doctor requested 8 chiropractic treatments of the right wrist, 2 times a week for 4 weeks. The request for treatment is not according to the above guidelines (not recommended for the wrist) and therefore the treatment is not medically necessary and appropriate.