

Case Number:	CM15-0024392		
Date Assigned:	02/13/2015	Date of Injury:	05/28/2003
Decision Date:	04/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 46 year old female sustained an industrial injury to bilateral wrists via repetitive trauma on 5/28/03. Treatment included medications, wrist braces, physical therapy, chiropractic therapy and work restrictions. Documentation did not disclose the amount of chiropractic therapy already received or the response to therapy. In a PR-2 dated 10/27/14, the injured worker complained of pain and weakness of bilateral wrists (7-8/10 on the visual analog scale) with increased difficulty performing work duties and activities of daily living. Physical exam was remarkable for hands visibly discolored and cold despite almost 80 degree temperature outside, right wrist range of motion 65 degree flexion and 10 degree extension with 16 grip strength throughout and left wrist range of motion 70 degree flexion and 15 degree extension with grip strength 17/16/18. In a PR-2 date 1/16/14, the injured worker complained of frequent mild to moderate bilateral wrist pain, swelling and weakness. Physical exam was remarkable for a swollen right wrist with significantly diminished right grip strength and reduced range of motion. Current diagnoses were carpal tunnel syndrome and upper extremity non-allopathic lesion. The treatment plan included chiropractic adjustment of the wrists for flare upper extremities of wrist paresthasias and pain as needed. On 1/6/15, Utilization Review noncertified a request for chiropractic visits 1/14 to present citing ODG and CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits 1/14 to present: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Forarm, Wrist, and Hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Manipulation.

Decision rationale: MTUS guidelines do not specifically address wrist chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies, "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. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities."The ODG does have specific recommendations in regards to wrist chiropractic therapy. It states that it is "not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies. Results of a single study suggest that manual therapy may have some use in the treatment of carpal tunnel syndrome. (AHRQ, 2003) (Ernst, 2003) Trials of magnet therapy, laser acupuncture, exercise or chiropractic care did not demonstrate symptom benefit when compared to placebo or control. There is limited evidence that medical care over nine weeks improves physical distress in the short-term when compared with chiropractic treatment. Limited evidence also suggests that chiropractic and medical treatment provide similar short-term improvement in mental distress, vibrometry, hand function and health-related quality of life. (O'Conner-Cochrane, 2003)"Medical records indicate that that patient has undergone 16 wrist chiropractic treatments. These treatments are not recommended as being effective. As such, the request for chiropractic visits 1/14 to present are not medically necessary.