

Case Number:	CM15-0025250		
Date Assigned:	02/17/2015	Date of Injury:	02/01/2012
Decision Date:	04/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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

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 37 year old female who sustained an industrial injury on 02/01/2012. Current diagnoses include status post right and left tenosynovectomy with residuals, status post right and left carpal tunnel release with residuals, bilateral shoulder strain/sprain, and bursal tearing of left shoulder. Previous treatments included medication management, left and right carpal tunnel surgery (06/2012 and 07/28/2014), left and right tenosynovectomy (2012), physical therapy, and activity modification. Report dated 01/15/2015 noted that the injured worker presented with complaints that included shoulder, wrist, hand pain, and sleep difficulties due to pain. Pain level was rated as 4-7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/02/2015 non-certified a prescription for chiropractic treatment for left hand and left shoulder, 13 sessions (DOS 11/24/2014 to 01/19/2015), based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chiropractic Treatment for left hand and left shoulder for 13 sessions DOS: 11/24/14 to 1/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. 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 Page(s): 58-59. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: The claimant presented with ongoing pain in bilateral shoulders, wrists, and hands despite previous treatments with medications, injections, surgeries, and physical therapy. Current request is for 13 chiropractic treatment sessions for the left hand and left shoulder. While evidences based MTUS guidelines do not recommend chiropractic treatment for the wrist and hand, ODG guidelines recommended up to 9 chiropractic visits for shoulder sprain/strain. Therefore, the request for 13 chiropractic visits for the left hand and left shoulder is not medically necessary.