

Case Number:	CM15-0075316		
Date Assigned:	04/27/2015	Date of Injury:	10/01/2014
Decision Date:	05/28/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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 49-year-old male, who sustained an industrial injury on October 1, 2014. The injured worker has been treated for neck, bilateral elbow, bilateral wrist and bilateral hand complaints. The diagnoses have included cervical disc protrusion, cervical muscle spasm, cervical pain, cervical radiculopathy, bilateral elbow sprain/strain, right lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral wrist sprain/strain, right hand tenosynovitis and left hand joint pain. Treatment to date has included medications, radiological studies and electrodiagnostic studies. Current documentation dated March 13, 2015 notes that the injured worker reported cervical spine pain rated at a one out of ten on the visual analogue scale. Examination of the cervical spine revealed mild spasm of the paraspinal muscles. The injured worker also had tenderness of the bilateral lateral epicondyles and wrist flexor tendons. The injured worker was noted to be making slow but steady progress. The treating physician's plan of care included a request for chiropractic therapy #8 for the cervical spine, bilateral elbows and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two times a week for four weeks for the cervical spine, bilateral elbow and bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation.

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 Page(s): 58-59.

Decision rationale: The claimant presented with complaints of pain in the neck, bilateral elbow, bilateral wrists, and bilateral hands. While evidences based MTUS guidelines might recommend a trial of 6-chiropractic treatment for the spine, it does not recommend chiropractic treatment for the wrists and hand. The request for 8 visits also exceeded the guidelines recommendation for a trial visit. Therefore, it is not medically necessary.