

Case Number:	CM15-0078014		
Date Assigned:	04/29/2015	Date of Injury:	06/01/2000
Decision Date:	06/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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 50 year old female, who sustained an industrial injury on 6/1/00. The injured worker has complaints of bilateral upper extremity pain. The diagnoses have included carpal tunnel syndrome and cubital tunnel syndrome. Treatment to date has included home therapy; alpha stimulation; two carpal tunnel surgeries on the right and elbow surgery on the right; left carpal tunnel surgery; left elbow surgery; acupuncture; chiropractor therapy; cognitive behavioral therapy and bio-feedback and medications. The request was for 10 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation:

"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." Page(s): 58.

Decision rationale: The medical necessity for the requested 10 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 10 treatments exceed this guideline. Moreover, the same guideline indicates that manipulation for wrist and elbow complaints is not recommended. The report from 4/1/2015 indicates that the claimant has undergone chiropractic treatment in the past. However, the amount of treatment rendered this claimant, and the time frame over which this treatment was provided, was not available for review. ACOEM practice guidelines, chapter 2, page 19, medical history section, indicates that "results of previous tests, treatments, or procedures" is an essential part of the history and is essential prior to certifying any additional treatment or diagnostic testing. Therefore, the medical necessity for the requested 10 chiropractic treatments was not established. The request is not medically necessary.