

Case Number:	CM15-0091089		
Date Assigned:	05/15/2015	Date of Injury:	07/09/2014
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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: Chiropractic

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 55 year old female sustained an industrial injury to bilateral upper extremities and neck via repetitive trauma from 7/1/99 to 2/10/15. Electromyography/nerve conduction velocity test bilateral upper extremities (3/31/15) showed moderate right C2 and C7 radiculopathy. Previous treatment included physical modalities and medications. In an initial evaluation dated 3/16/15, the injured worker complained of pain to bilateral wrists and hands, left elbow and neck. Physical exam was remarkable for diffuse tenderness to palpation to the bilateral wrists and hands and left elbow. Current diagnoses included left elbow sprain/strain, bilateral wrist sprain/strain and bilateral hand sprain/strain. The treatment plan included requesting authorization for twelve (12) additional chiropractic visits for the left elbow, bilateral wrists and hands and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic visits for the left elbow, bilateral wrists and hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25, 28, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received an unspecified number of acupuncture, physical therapy and chiropractic care for her hand and wrist injuries per the records provided. The past chiropractic care treatment notes are not present for review in the materials provided. However, the chiropractic physician's Doctor's First Report of Injury is present in the records and the treatments requested are physiotherapies and not manipulation. The treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Forearm, Wrist & Hand and Elbow Chapters do not recommend chiropractic care for the elbow, hand and wrist. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." No objective functional gains have been evidenced with the past rendered chiropractic care but even with evidence of those gains if they were evidenced, The MTUS does not recommend manipulation for the elbow, wrist and hand. I find that the 12 additional chiropractic sessions requested to the left elbow bilateral wrists and hands to not be medically necessary and appropriate.