

Case Number:	CM15-0093175		
Date Assigned:	05/19/2015	Date of Injury:	03/18/2010
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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:

The injured worker is a 44 year old female, who sustained an industrial injury on 3/18/2011, as a result of continuous trauma and repetitive hand movements. The injured worker was diagnosed as having musculoligamentous sprain cervical spine with left upper extremity radiculitis, overuse syndrome of the left upper extremity, left shoulder tendinitis and possible internal derangement, left elbow medial and lateral epicondylitis, left carpal tunnel syndrome, left de Quervain's tendinitis, left thumb carpometacarpal joint inflammation, and cervical radiculopathy. Treatment to date has included medications, self-procured massage therapy, and diagnostics.

Electrodiagnostic study of the left upper extremity (3/02/2015) revealed denervation potentials in the cervical paraspinal muscles, only suggestive of a mild active cervical radiculopathy.

Magnetic resonance imaging of the cervical spine (8/12/2014) was documented to show disc protrusions (no greater than 3mm) without cord compression. Currently, the injured worker complains of increased cramping of the left shoulder and clavicle, with stiffness and pain, numbness and tingling in both hands, increased pain and tenderness in the left elbow, and increased pain in the left wrist and thumb. Physical exam noted tenderness over the left upper trapezius and levator scapulae. Medications included Naproxen, Omeprazole, and Tizanidine. She was not working. The treatment plan included an initial trial of chirotherapy 2x week for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x8 Left elbow/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: Per the records provided the patient has never received chiropractic care for her left wrist and elbow. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Wrist, Forearm and Hand Chapter does not recommend manipulation. The ODG Elbow chapter recommends a brief trial of 3 sessions of chiropractic care contingent upon objective functional improvement and an additional 3 sessions with evidence of further objective functional improvement. The number of requested sessions far exceed The MTUS recommended number. Manipulation is not recommended for the wrist. I find that the 16 initial chiropractic sessions requested to the left elbow and wrist to not be medically necessary and appropriate.