

Case Number:	CM13-0051802		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2012
Decision Date:	07/02/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is A LICENSED Doctor of Chiropractic, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34 year old male who reported an injury on 07/28/2012 of wrist pain from shaking a cocktail. Past history of right wrist and right forearm numbness with needle sensation, and left sided shoulder pain. The physical examination revealed range of motion to right shoulder flexion 180 degrees, extension 50 degrees, abductions 180 degrees. The right shoulder revealed flexion 150, extension 10 degrees, and abduction 140 degrees. The range of motion to the right elbow revealed flexion 140 and extension 140 degrees. Right ulnar nerve was graded at a 4/5 sensation and 4/5 right ulnar motor strength. Diagnosis of cervical spine sprain/strain, bilateral ulnar neuropathy at the elbows and right wrist sprain/ strain. The treatment plan includes chiropractic therapy 12 session for bilateral shoulders, right elbow and wrist. Request for authorization was provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS 2 TIMES PER WEEK FOR 6 WEEKS FOR THE BILATERAL SHOULDERS, RIGHT ELBOW/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: The California guidelines recommend manual therapy for chronic pain if caused by musculoskeletal condition. The intended goal or effect of manual therapy is to achieve a positive symptomatic measurable gain in functional productive activities. The California guidelines state that manual therapy is not recommended for forearm, wrist, and/or hand. The California guidelines treatment parameters are 4 to 6 weeks of treatment. The request for 12 sessions exceeds guideline recommendations. Given the above, the request is non-certified.