

Case Number:	CM14-0164732		
Date Assigned:	10/09/2014	Date of Injury:	05/10/2013
Decision Date:	10/14/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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 year old female, who sustained an industrial injury on May 10, 2013, incurring upper back and upper extremities injuries. She was diagnosed with right sided carpal tunnel syndrome, right wrist sprain, radial tenosynovitis, brachial neuritis and cervical disc disease. Treatment included topical analgesics, physical therapy, epidural steroid injection, chiropractic sessions, anti-inflammatory drugs, and restricted activities. Currently, the injured worker complained of frequent sharp, stabbing right wrist pain with numbness and tingling. She complained of cervical spine pain radiating into the right upper extremity. Her symptoms were aggravated by gripping, of her right hand and wrist and repetitive motion and turning movements of the neck from side to side. The treatment plan that was requested for authorization on September 15, 2014, included six chiropractic sessions for the cervical spine and right wrist. On September 22, 2014, a request for six chiropractic sessions for the cervical spine was certified and the request for the chiropractic sessions for the right wrist was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Visits for the Cervical Spine and Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Wrist, Forearm and Hand/Manipulation.

Decision rationale: The patient has not received chiropractic care for her wrist and cervical spine injuries in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions but is silent on the cervical spine. The MTUS does not recommend manipulation for the wrist. The ODG Neck and Upper Back Chapter recommends 6 initial chiropractic care sessions over 6-8 weeks and up to 18 sessions with evidence of objective functional improvement. The ODG does not recommend manipulation to the wrist. The UR department has reviewed the request and modified it to approve 6 sessions to the cervical spine only and has denied 6 sessions for the wrist. Since The MTUS and ODG do not recommend manipulation for the wrist and the cervical spine sessions have been approved, I find that the 6 initial chiropractic sessions requested to the right wrist and cervical spine to not be medically necessary and appropriate.