

Case Number:	CM13-0000556		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2013
Decision Date:	03/05/2014	UR Denial Date:	05/31/2013
Priority:	Standard	Application Received:	06/03/2013

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 licensed in Chiropractic and Acupuncture, and is licensed to practice in California. 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 61 year old female who reported right wrist and hand pain from injury sustained on 5/17/13. She was coming out of the bathroom when another person pushed the door open, causing her to bend her hand downward. Patient was diagnosed with contusion of wrist and hand. Patient was treated with medication and physical therapy. Per notes dated 5/30/13 Patient complaints of sharp and tingling pain. She had restricted range of motion with some weakness. Patient is responding well to Physical therapy. She has returned to work with no restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 3 times a week for 2 weeks to the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Per Occupational medicine practice guidelines Chapter 11 page 265 "Manipulation has not been proven to be effective for patient with pain in the hand, wrist, or

forearm". Per review of evidence and guidelines, Chiropractic treatment 3 times a week for 2 weeks to the right wrist is not medically necessary.