

Case Number:	CM13-0020889		
Date Assigned:	03/12/2014	Date of Injury:	09/21/2012
Decision Date:	06/30/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

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 Chiropractor 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 patient is a 49 year old male who sustained an injury to his right hand, wrist and shoulder on 9/21/2012 as a result of performing a lifting/pulling task and also suffered a crush injury to the right hand with lacerations. The subjective complaint reported per treating physician's first report are right wrist pain with numbness and tingling, right hand pain with numbness and tingling and right shoulder pain. The patient has been treated with medications, thumb and wrist brace, physical therapy and chiropractic care. The diagnoses assigned by the treating physician are right wrist sprain/strain, right thumb sprain/strain, right hand sprain/strain and right shoulder sprain/strain. An MRI has been requested for approval but denied by the carrier. The PTP is requesting an additional 8 sessions of chiropractic care to the right wrist, hand and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT ONCE A WEEK FOR EIGHT WEEKS FOR THE RIGHT HAND, RIGHT WRIST AND RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and Hand and Shoulder Chapters

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) Wrist and Hand Chapter state that Manual therapy and manipulation is "not recommended" for wrist and hand. The MTUS guidelines do recommend manipulation to the shoulder if objective functional improvement has been demonstrated. In this case the two reports provided by the treating chiropractor do not show objective functional improvement with the treatment rendered, as defined by the MTUS guidelines. Therefore, the request for chiropractic treatment once a week for eight weeks for the right hand, right wrist, and right shoulder is not medically necessary and appropriate.