

Case Number:	CM13-0022263		
Date Assigned:	11/13/2013	Date of Injury:	09/20/2011
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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, has a subspecialty in Acupuncture, 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 patient is a 48-year-old male who reported a work related injury on 9/20/11. The patient injured his left hand and left wrist while using a hammer. He underwent physical therapy, had an MRI of the left hand, two cortisone injections, and had left hand surgery to fix the tendon in October of 2012

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic once a week for eight weeks for the left hand and wrist: 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 Page(s): 58-60.

Decision rationale: Recent clinical documentation submitted for review stated the patient complained of left hand, wrist and forearm pain, and numbness in the fingers. Physical exam of the patient revealed a positive Tinel's and positive Phalen's signs to the left hand and wrist. There was moderate restriction on flexion and slight restriction on extension with ulnar and radial deviation of the left hand and wrist. Tenderness was noted at the left wrist and hand. The patient was not able to make a fist, and had numbness in fingers with absent reflexes bilaterally. The

patient's diagnoses were listed as wrist sprain/strain, hand sprain/strain, and thumb sprain/strain. The California Chronic Pain Medical Treatment Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions, but that manual therapy and manipulation is not recommended for the forearm, wrist, and hand. The clinical documentation submitted for review does not support the request for chiropractic care to the left hand and wrist. Therefore, the request is non-certified.