

Case Number:	CM13-0028034		
Date Assigned:	11/22/2013	Date of Injury:	02/16/2008
Decision Date:	01/27/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

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 female who reported an injury on 02/16/2008. The patient was diagnosed with having left index finger tenosynovitis, bilateral wrist tenosynovitis, bilateral elbow lateral epicondylitis, right de Quervain's tenosynovitis, and rheumatologic complaints. On 08/08/2013, the patient underwent a left De Quervain's tenosynovitis release. Afterwards, she completed at least 4 sessions of chiropractic treatments for her left wrist and thumb. The physician is now requesting an additional 12 chiropractic sessions for the left thumb and wrist for postoperative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for twelve chiropractic sessions of the left wrist/thumb post-operative: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60..

Decision rationale: According to California MTUS Guidelines manual therapy manipulation is recommended for chronic pain caused by musculoskeletal conditions. As noted in the documentation, the patient has already undergone at least 6 postoperative chiropractic sessions for her left wrist and thumb. However, under California MTUS Guidelines manual manipulation of the Forearm, Wrist, & Hand: Is not recommended. As such, the requested service for twelve

chiropractic sessions of the left wrist/thumb post-operative does not meet guideline criteria for chiropractic treatments and is non-certified.