

<b>Case Number:</b>	CM13-0032981		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Board Certified in Chiropractic, 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 58 year old male with a date of injury of 12/10/2010. The provider submitted a request for 6 chiropractic visits for the 3rd finger and left hand; and trigger point injection to the 4th finger and left hand. The most recent submitted progress report on 8/6/2013 indicates complaints of posterior neck, mid back, left shoulder, and anterior 4th finger pain. Objective findings include unremarkable normal range of motion of the cervical and thoracic spine. Jamar dynamometer readings were 75, 82, 76 right and 59, 50, 60 left. Diagnoses were (1) post-op left 3rd finger; (2) left 3rd finger healed fracture; (3) cervical disc displacement without myelopathy; (4) occipital dysfunction; (5) rule out left shoulder tenosynovitis; (6) thoracalgia; (7) cervical muscle spasms; (8) thoracic myofascitis/myositis; and (9) probable post-traumatic gastritis. Treatment was for unknown quantity of chiropractic manipulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ADDITIONAL CHIROPRACTIC VISITS FOR 3RD FINGER/LEFT HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend manipulation for the forearm, wrist, or hand. In addition, submitted records indicate the patient had received an unknown number of chiropractic treatments with no objective functional improvement documented. Therefore, the request for 6 additional chiropractic treatments for the 3rd finger and left hand is not medically necessary and appropriate.

**TRIGGER POINT INJECTION TO THE 4TH FINGER/LEFT HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** ]The MTUS Chronic Pain Guidelines do not recommend trigger point injections to the wrist or hand hand. Trigger point injections are recommended for myofascial pain in the neck or low back. Therefore, the request for trigger point injection to the 4th finger and left hand is not medically necessary and appropriate.