MAXIMUS Federal Services

Case Number:	CM13-0035935		
Date Assigned:	03/28/2014	Date of Injury:	05/16/2013
Decision Date:	05/02/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational Medicine 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; MRI imaging of the wrist of June 27, 2013, notable for triangular fibrocartilage tear; unspecified amounts of physical therapy; attorney representation; and extensive periods of time off of work. In a Utilization Review Report of September 17, 2013, the claims administrator denied a request for 12 to 18 sessions of chiropractic manipulative therapy/physiotherapy for the wrist, citing non-MTUS ODG Guidelines, although both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM do address the topic at hand. A handwritten note of September 4, 2013 is difficult to follow, sparse, not entirely legible, notable for comments that the applicant reports persistent hand pain. Associated tenderness, limited strength, limited range of motion were appreciated. The applicant is given a diagnosis of hand and wrist pain status post nail puncture wound. The applicant is asked to continue physical therapy and chiropractic manipulative therapy while remaining off of work, on total temporary disability, for an additional four weeks. The attending provider wrote on the request for authorization form that the applicant was to "continue chiropractic treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/PHYSIOTHERAPY 2-3 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulative therapy is specifically "not recommended" for issues involving the forearm, wrist, and hand, as are present here. It is further noted that, despite the unfavorable MTUS recommendation, that the applicant has had prior unspecified amounts of chiropractic manipulative therapy and physical therapy over the life of the claim. There has been no demonstration of functional improvement which would support further treatment here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant has had earlier unspecified amounts of physical therapy and manipulative therapy. The applicant has failed to respond favorably to the same. The applicant remains off of work, on total temporary disability. The documentation on file is sparse, handwritten, not entirely legible, and difficult to follow. There is no evidence of improvement in terms of other parameters established in MTUS 9792.20f which would support further treatment here. Accordingly, the request is not certified, on Independent Medical Review.