

Case Number:	CM13-0037378		
Date Assigned:	12/13/2013	Date of Injury:	06/25/2013
Decision Date:	02/03/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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 physician reviewer is licensed in Chiropractics 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 49 year old female who reported an injury on 06/25/2013 with the mechanism of injury being that the patient was pulling a laundry cart, and she hit her upper right index finger on the cart behind her, resulting in inflammation and a contusion. The patient was noted to have physical therapy, chiropractic treatment and 1 sessions of acupuncture prior to the examination of 09/06/2013. The patient was noted to have tenderness and swelling over the dorsal and palmar aspects and tenderness over the hand dorsum. The diagnosis was noted to include right hand and finger contusion, right hand/wrist derangement, right hand sprain/strain, right wrist sprain/strain and right wrist contusion. The request was made for physical therapy and chiropractic care to evaluate and treat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Manipulation

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

Decision rationale: CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment is not recommended for the forearm, wrist, and hand. Additionally, the clinical documentation indicated that the patient had previous chiropractic care; however, it failed to indicate the patient's functional response to the therapy and there was a lack of documentation indicating the number of sessions being requested. Given the above, the request for chiropractic care evaluation and treatment is not medically necessary.