

Case Number:	CM13-0039288		
Date Assigned:	12/18/2013	Date of Injury:	06/25/2013
Decision Date:	03/20/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 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 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. 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:

According to the available medical records, this is a 50 year old female patient with chronic right wrist pain, date of injury 06/25/2013. Previous treatments include physical therapy, chiropractic, acupuncture and medication. Progress report dated 09/13/2013 revealed ROM (range of motion) was reduced by 50%, positive MRI right wrist, diagnoses include R C/s sp/st, T/s sp/st., right wrist sp/st, left thigh/leg. Initial report dated 09/06/2013 revealed constant right hand pain and burning, 7-9/10, pain is associated with weakness, numbness and swelling, pain radiates to her right arm, she is unable to perform her activities of daily living, pain is worse with lifting, typing and reaching, constant right shoulder pain, dull and 7-9/10, pain is associated with weakness, she is unable to perform her activities of daily living, pain is worse with lifting and reaching, constant right wrist pain, burning and 7-9/10, pain is associated with weakness and swelling, pain radiates to her right hand, she is unable to perform her activities of daily living due to this pain, pain is worse with lifting, typing and reaching; on examination of the right wrist /hand, there was tenderness and swelling noted over the dorsal and palmar aspects and tenderness noted over the hand dorsum, manual muscle testing revealed 4/5 strength with dorsiflexion, palmar flexion, radial deviation and ulnar deviation, ROM was restricted due to pain and swelling, diagnosis include right wrist contusion, right hand and fingers contusion, right hand/wrist derangement, right hand sp/st., right wrist sp/st.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three times a week for two weeks for the cervical/thoracic/lumbar spine, and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181-183.

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

Decision rationale: Reviewed of the available medical records do not show an injury to the cervical/thoracic/lumbar spine that require treatment; while CA MTUS guideline do not recommend chiropractic treatment for the wrist. The request for chiropractic treatment 3x2 for the cervical/thoracic/lumbar and right wrist is not medically necessary.