

Case Number:	CM13-0040908		
Date Assigned:	12/20/2013	Date of Injury:	08/20/2013
Decision Date:	02/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 licensed in Chiropractic, has a subspecialty in Acupuncture 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 53-year-old female with a date of injury of 8/20/2013. According to primary treating physicians initial report dated 8/29/2013 by [REDACTED] the patient complained of right wrist/hand pain. Physical examination revealed effusion over the dorsal aspect of the hand. There was tenderness over the dorsal and palmar aspect of the wrist. Myospasm and tenderness was noted diffusely over the forearm musculature. The ranges of motion of the wrist were decreased by approximately 50% in all direction. The patient was unable to make a fist. Tinel's, Phalen's, and reverse Phalen's produced wrist pain. The patient was diagnosed with wrist sprain and hand sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the right hand and wrist twice a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM guidelines state that manipulation has not been proven effective for patients with pain in the hand, wrist, or forearm. Therefore, the provider's request

for chiropractic treatment of right hand and wrist twice a week for 4-6 weeks is not medically necessary.