

Case Number:	CM13-0046317		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2013
Decision Date:	07/03/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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 Medicine, 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 injured worker is a 44-year-old who reported an injury on May 7, 2013. The mechanism of injury was a slip and fall. The prior treatments included physical therapy and chiropractic care. The documentation of October 8, 2013 revealed that the injured worker had tenderness to palpation and decreased range of motion in the right wrist. MMT was 4/5. The injured worker complained of right shoulder pain. The diagnoses were right wrist derangement, possible TFCC tear and right shoulder impingement. The treatment plan included PT (physical therapy)/chiropractic care three times weekly for four weeks for the right shoulder and wrist. Additionally, the request was made for a right wrist MRA, rule out TFCC tear.

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 FOUR WEEKS FOR THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. They indicate that the maximum duration is 8 weeks. Treatment beyond four to six visits should be documented with objective improvement in function. The clinical documentation submitted for review indicated that the injured worker had previously been treated with chiropractic therapy. There was a lack of documentation indicating that the injured worker had an improvement in function, decreased pain and improvement in quality of life. Additionally, the treatment is not recommended for the wrist and hand. The request for chiropractic medicine for the right upper extremity, three times a week for four weeks, is not medically necessary or appropriate.