

Case Number:	CM13-0056186		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2013
Decision Date:	03/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/21/2013

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 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:

According to the available medical records, this is a 43 year old male patient with complains of pain in the left second digit post amputation, date of injury 04/01/2013. Previous treatments include physical therapy, medications and chiropractic. Progress report dated 10/02/2013 by [REDACTED] revealed pain in the left second digit, 7/10; grade 2 tenderness to palpation, ROM restricted; diagnostic include status post amputation of left 2nd digit with healing wound and with painful stump, depression/anxiety and sleep disturbance secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the left hand/second digit (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS guideline do not recommend chiropractic treatment for wrist and hand. Therefore, this request for chiropractic evaluation and treatment to left hand/second digit is not medically necessary.