MAXIMUS Federal Services

Case Number:	CM13-0066033		
Date Assigned:	01/03/2014	Date of Injury:	07/20/2013
Decision Date:	07/29/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 Chiropractor and Acupuncture 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 54-year-old female who reported an injury on 07/23/2013. The mechanism of injury was a fall. An orthopedic consult on 10/29/2013 the physician reported the injured worker had a cyst in the distal scaphoid with subchondral erosion. However, there was no evidence of being a traumatic incident with bone marrow edema. The physician's diagnostic impression was a left wrist contusion with underlying distal scaphoid cyst and left knee patellofemoral contusion. Per the clinical note dated 01/31/2014, the injured worker reported that with the lidocaine injection into scaphotrapezial and the carpometacarpal joint of the thumb, she had immediate relief, but when the anesthetic wore off she was in excruciating pain. The injured worker reported that she continued to have pain and difficulty with fine manipulation and repetitive use of her right upper extremity and hand. The injured worker reported that ther left knee had improved. On examination of the right hand, the physician reported the injured worker had positive tenderness at the carpometocarpal joint of the thumb. The physician reported no tenderness in the first dorsal compartment and subluxation dorsally of the metacarpal joint of the right thumb. The physician reported that since the injured worker only had temporary relief from the injection, he recommended the injured worker be evaluated by hand surgeon. Per the clinical note dated 04/04/2014, the injured worker was in for evaluation of the pain near the base of her left thumb and in the radial aspect of her left wrist. The injured worker reported that she has had persistent pain in the radial aspect of her right wrist since her injury. On examination of the right wrist and hand, the physician reported the injured worker had flexion at 42 degrees, extension 46 degrees, pronation 80 degrees, supination 85 degrees, ulnar deviation 32 degrees, and radial deviation 20 degrees. The physician reported the injured worker was able to flex, extend, and abduct her digits fully, and reported mild pain with carpometacarpal grind testing. The injured worker had moderate pain to palpation of the scaphotrapezial joint and the sensation was intact

to light touch in all digits. The current request is for chiropractic X6 and the rationale was not provided. The request for authorization date was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TIMES (6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59.

Decision rationale: The request for chiropractic times 6 is not medically necessary. The Chronic Pain Medical Treatment Guidelines indicate that chiropractic treatments are not recommended for the wrist, & hand. The clinical documentation provided indicated the injured worker has continued to have chronic pain to her right wrist / hand since her injury. The guidelines do not support chiropractic treatments for the forearm, wrist, & hand. Therefore, chiropractic treatment would not be supported for this area. Additionally, the physician did not specify the area for the chiropractic treaments. As such, the request for chiropractic times 6 is not medically necessary.