

Case Number:	CM13-0071470		
Date Assigned:	01/08/2014	Date of Injury:	08/17/2012
Decision Date:	06/02/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported that while she was using a two-hole puncher repetitively at a fast pace, she sustained an injury on 08/17/2012. In the documentation provided for review, on the physician noted that the injured worker was seen on 12/12/2013 and had complained of right wrist and hand pain associated with numbness and tingling sensation, neck pain which radiated to arms and tingling in fingers and hands. She was status post right wrist de Quervain's release on 08/2013. On the physical examination on the documented date, it was noted that the examination of bilateral wrist revealed a positive Phalen's test and positive Finkelstein's test only on the right wrist. The range of motion for the right wrist was flexion was 42 degrees, extension was 38 degrees, and radial deviation was 12 degrees and ulnar deviation 20 degrees. X-rays were taken and revealed normal results of the right wrist. An authorization for right wrist ultrasound and chiropractic services with modalities and exercises three (3) times a week for four (4) weeks was requested. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST ULTRASOUND QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The MTUS/ACOEM Guidelines do not recommend an ultrasound when a positive Finkelstein's test has been established. The injured worker is post status de Quervain's release on 08/2013. It is unclear how the plan of treatment would change if an ultrasound were to be done. Therefore, the request for a right wrist ultrasound is non-certified.

CHIROPRACTIC SERVICES WITH MODALITIES AND EXERCISE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

Decision rationale: The Chronic Pain Guidelines indicate that chiropractic services are not recommended for the forearm, wrist, and hand. In the documentation reviewed, it is unclear what the beginning range of motion was or what it is being compared to. The guidelines state that manual manipulation is therapy that moves a joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. The request does not meet guideline recommendations. Therefore, the request for chiropractic services with modalities and exercise is non-certified.