

<b>Case Number:</b>	CM14-0001820		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 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

### 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 47-year-old male who reported an injury on 04/18/2013. The worker was injured when he cut his left thumb with a knife. The clinical note dated 12/02/2013 noted the injured worker complained of left thumb and wrist pain, which the injured worker rated 6/10. The injured worker also complained of intermittent numbness and tingling to the first, second, and third digits of the left hand. The physical examination noted range of motion testing of the left wrist showed dorsiflexion to 60/65, palmar flexion to 65/70, radial deviation to 20/20, and ulnar deviation to 35/40. The examination also noted a positive Phalen's and a positive Finkelstein is on the left. Additionally, soft tissue and joint palpation of the thumb and wrist indicated a jump sign reaction over the carpal knee junction and the first digit second interphalangeal joint. Muscle strength testing of the wrist and thumb on manual testing appeared to be reduced on flexion and extension of the thumb and wrist, regarded as +4/+5 weakness. The injured worker's diagnoses included exacerbated status post traumatic laceration of the 1st digit of the left hand with associated compensatory strain of the left wrist. Previous treatments included left thumb exploration and cutaneous nerve repair, 6 physical therapy sessions postoperatively, and medications. The clinical note dated 12/02/2013 did not provide a current list of medications. The provider requested 12 additional sessions of physical therapy (chiropractic) modalities and procedures 3 times per week for 4 weeks. The request for authorization form and rationale were not included within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ADDITIONAL SESSIONS OF PHYSICAL MEDICINE (CHIROPRACTIC) MODALITIES AND PROCEDURES THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59., Postsurgical Treatment Guidelines Page(s): 18-21.

**Decision rationale:** The request for 12 additional sessions of physical (chiropractic) modalities and procedures 3 times per week for 4 weeks is not medically necessary. Documented on the clinical note dated 04/18/2013, the injured worker has a history of sustaining a laceration to the left thumb and to have the laceration repaired. The California MTUS Guidelines state for median nerve repair of the forearm/wrist area, postsurgical physical medicine treatment of 20 visits over 6 weeks is recommended. The California MTUS guidelines state that manual therapy and manipulation is not recommended for the forearm, wrist, and hand. Within the documentation submitted for review, the injured worker's laceration site was noted to have no signs or symptoms of infection, and the area surrounding the wound was clean and dry. The documentation provided noted persistent complaints of left hand pain and the injured worker underwent a left thumb dorsal cutaneous repair on 08/07/2013. As per the daily note dated 09/13/2013, the injured worker had 6 visits of physical therapy using therapeutic exercise, hot/cold packs and electrical stimulation postoperatively for the left thumb. The documentation noted improved range of motion and grip strength but pain continued to limit progress. There is not enough documentation demonstrating objective functional improvement with the therapy. However, the guidelines do not recommend that manual therapy and manipulation be used for the forearm, wrist, and hand. Therefore, the request for chiropractic modalities and procedures 3 times per week for 4 weeks is not medically necessary.