

Case Number:	CM14-0003918		
Date Assigned:	01/31/2014	Date of Injury:	07/23/2013
Decision Date:	08/04/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 was reportedly injured on July 23, 2013. The mechanism of injury is falling down some stairs. The most recent progress note dated April 4, 2014, indicates that there are ongoing complaints of right wrist pain and swelling. The physical examination demonstrated decreased range of motion with flexion to 42, extension to 46, pronation to 80 and supination to 85. There was mild pain with carpal metacarpal grind testing as well as Finkelstein's testing. There was tenderness at the scaphotrapezoidal trapezoid joint. Distal sensation was intact. Diagnostic imaging studies objectified subchondral erosions of the distal navicular and triquetrum which are stated to be posttraumatic in nature. The triangular fibrocartilage complex was stated to be intact. It was stated that the injured employee has early arthritic changes in the wrist. Previous treatment includes a right wrist steroid injection. A request had been made for six chiropractic visits, physical therapy for the right knee, wrist, and elbow, and a pain management consultation and was not certified in the pre-authorization process on December 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), Manipulation.

Decision rationale: As the injured employee initially had physical complaints of the left knee, right elbow, and right wrist it is unclear what this request for chiropractic treatment is intended for. The most recent progress note dated April 4, 2014, states that there are no longer complaints of left knee or right elbow pain. Furthermore, the official disability guidelines does not recommend chiropractic care for the hand, wrist, or forearm as there are have not been any high quality studies that prove the chiropractics are effective for these regions. For these multiple reasons this request for six chiropractic treatments is not medically necessary.

Physical therapy for the right knee wrist and elbow: 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The most recent progress note dated April 4, 2014, states that there are no longer complaints of left knee or right elbow pain. There were never any complaints regarding the right knee. For these reasons this request for physical therapy for the right knee, right wrist, and right elbow is not medically necessary.

Pain management consultation: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, Page 127.

Decision rationale: According to the American College of Occupational and Environmental Medicine, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. According to the most recent progress note dated April 4, 2014, there is no concern mentioned for pain requiring the specialty services of pain management. Furthermore a new prescription for Lidoderm patches was provided on that date and efficacy of this medication has not been stated. For these multiple reasons this request for a pain management consultation is not medically necessary.