

Case Number:	CM14-0006796		
Date Assigned:	02/07/2014	Date of Injury:	12/11/2013
Decision Date:	06/23/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Chiropractics 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:

The patient is a 46-year-old female, born on 03/28/1978, with the reported date of injury on 12/11/2013. Provided for this review is the medical physician's supplemental medical legal report of 02/18/2014. The report addresses the disputed treatment/services of the requested chiropractic visits 3 times per week for 4 weeks that was modified to 6 chiropractic visits, active modalities only. The physician reported the patient initially presented for orthopedic evaluation and treatment on 12/13/2013. The patient sustained an industrial injury on 12/11/2013 while she was working as a detention services officer and was struck by a ball in the left-hand, hyper extending her pinky and ring finger in the process. The patient was diagnosed with left 4th and 5th finger sprain and contusion. Left-hand x-rays were negative and the fingers were placed in a splint. Physical examination on 12/13/2013 revealed tenderness over the metacarpophalangeal and proximal interphalangeal joints of the 5th finger greater than the 4th with slight diffuse swelling. There was a request for chiropractic services with modalities and exercises at a frequency of 3 times per week for 4 weeks directed to the 4th and 5th fingers of the left hand. On follow-up on 01/21/2014 the patient continued with left 5th finger locking, and tenderness of the metacarpophalangeal joints of the 4th and 5th fingers, and increased pain on range of motion. Although chiropractic was requested at a frequency of 3 times per week for 4 weeks, the request had been modified to 6 chiropractic visits, active modalities only.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC; TWELVE VISITS (3X4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), Procedure Summaries: Exercises, Manipulation, Physical/Occupational Therapy

Decision rationale: The request for 12 treatments of chiropractic care is not supported to be medically necessary. This patient's reported conditions were acute at the time of the treatment request; therefore; California MTUS (Chronic Pain Medical Treatment Guidelines) is not applicable. Neither ACOEM nor ODG support medical necessity for the requested 12 chiropractic visits. ACOEM does not support medical necessity for treatment procedures common to the chiropractic profession in the care of forearm, wrist, or hand complaints. ACOEM reports, "Manipulation has not been proven effective for patients with pain in the hand, wrist, or forearm. Physical modalities, such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist (page 265)." Relative to physical modalities, ACOEM recommends stretching, specific exercises for range of motion and strengthening, and aerobic exercise to maintain general conditioning, with initial and follow-up visits for education, counseling, and evaluation of home exercises. The request for 12 treatment sessions exceeds ACOEM recommendations and is not medically necessary. Relative to physical/occupational therapy, ODG supports a six-visit clinical trial of PT sessions in the care of sprains and strains of wrist and hand, and with evidence of efficacy with care during the six-visit trial a total of up to 9 visits. The request for 12 treatment sessions exceeds ODG recommendations and is not medically necessary.