

Case Number:	CM14-0022622		
Date Assigned:	06/11/2014	Date of Injury:	07/06/2011
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured worker is a 59-year-old male who reported an injury on 07/06/2011; the mechanism of injury was not provided within the submitted medical records. On 02/03/2014, it was reported in the submitted progress note that the injured worker complained of increased shoulder pain with lifting and pulling. The injured worker had secondary complaints of left wrist pain with a small cyst. The physical exam revealed a negative Tinel's and Finkelstein testing and range of motion was reported as flexion 54 degrees and extension 56 degrees. Within the submitted documentation, there were chiropractic notes that showed that the injured worker had completed 12 sessions of chiropractic therapy; however, there was no documentation to show the progress or any functional gains as a result of chiropractic care. The request for authorization was dated 12/20/2013 with a rationale to strengthen and increase range of motion for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSIOTHERAPY FOR THE LEFT WRIST 3 X WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: Given the surgical recovery time frame has expired, the California MTUS Guidelines Chronic Pain Guidelines will be utilized for this review for manual therapy. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or affect of manual medicine is the achievement of positive symptomatic of objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Additionally, manual therapy and manipulation is not recommended for the forearm, wrist, and hand. Given the surgical procedure was done on the left hand and previous chiropractic sessions were completed with the left hand, the guidelines do not support chiropractic therapy to be utilized on the left wrist and is not supported by the guidelines at this time. As such, the request is non-medically necessary and appropriate .