

Case Number:	CM14-0022848		
Date Assigned:	06/11/2014	Date of Injury:	05/04/2012
Decision Date:	07/18/2014	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 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 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 52-year-old female who reported an injury on 05/04/2012. The mechanism of injury reportedly occurred when a box fell on her hand. The diagnoses included left hand and wrist sprain/strain and tenosynovitis of the left wrist and hand. Per the 12/04/2013 followup report, the injured worker reported left hand pain rated 9/10. Examination of the left hand noted decreased range of motion on flexion and extension. Per the 01/15/2014 progress report, the injured worker reported left hand and wrist pain rated 8/10. Objective findings included severe tenderness to the left wrist and dorsal side of the hand. Swelling was noted below the fourth and fifth digits of the left hand. The injured worker had decreased range of motion of the left wrist in all directions due to pain. The treatment plan included chiropractic therapy and acupuncture. Prior therapies were not provided. The request for authorization form was not provided. The rationale for the submitted request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, 1 TIME A WEEK FOR 4 WEEKS, FOR THE LEFT HAND AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 1 x per week for 4 weeks for the left hand and wrist is non-certified. The California Acupuncture Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines state a time to produce functional improvement of 3 to 6 treatments. There is no indication the injured worker's medications were reduced or not tolerated. There is a lack of documentation regarding significant deficits requiring therapy. Based on this information, the request for acupuncture is not supported. As such, the request is non-certified.

CHIROPRACTIC CARE, 2 TIMES A WEEK FOR 4 WEEKS, FOR THE LEFT HAND AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 56-60.

Decision rationale: The request for chiropractic care 2 x per week for 4 weeks for the left hand and wrist is non-certified. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The guidelines do not recommend manual therapy or manipulation for the forearm, wrist, or hand. Based on this information, the request for chiropractic care for the hand and wrist is not supported. As such, the request is non-certified.