

Case Number:	CM14-0025311		
Date Assigned:	06/11/2014	Date of Injury:	02/07/2011
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 Chiropractic 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 48 year old male who sustained injuries to his right wrist and arm on 2/7/2011. The mechanism of injury is described per PTP's report as "metal clamp fell from above and 8 feet and hit the right wrist and he suddenly twisted his wrist and arm as he was holding a heavy drill." Chief complaints as reported by the treating physician are "right wrist, elbow and shoulder pain." Patient has been treated with medications, physical therapy, home exercises and chiropractic care (22 sessions). Patient is status post-surgical right shoulder. MRI studies/reports are not available in the records provided for review and are being requested by the PTP for approval. The available updated records indicate that on 6/5/14 the MRI to the right shoulder has been certified. Diagnoses assigned by the treating physician are right hand sprain/strain, right wrist sprain/strain, right elbow sprain/strain and right shoulder sprain/strain. Although the number of chiropractic visits being requested has not been listed on the IMR request form, the records provided indicate that the PTP is requesting 1-2 sessions of chiropractic care to the right shoulder, right wrist and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Chiropractic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (Odg) Shoulder, Wrist & Hand Chapters, Manipulation and Guidelines Definitions, page 1.

Decision rationale: The patient has completed 23 prior chiropractic sessions and examinations as reported in the records by the PTP. The PTP is asking retro-active authorization of the prior 22 visits in his notes in addition to prospective 1-2 sessions for concurrent care. The prior 22 sessions were never approved by the carrier. The MTUS Chronic Pain Medical Treatment Guidelines do not recommend manipulation for the wrist. Upon review of the one PR-2 reports included in the records it is not evident that objective functional improvement with the ongoing chiropractic care rendered is present. MTUS states that objective functional improvement must be present and "measured" in order for additional care to be warranted. Specific range of motion measurements are not present in the records provided by the PTP. Furthermore, The MTUS ODG Guidelines for the wrist and hand recommend no more than 8 visits in the absence of functional improvement. The patient has completed 23 sessions already. That is 15 sessions above the MTUS recommendations. The Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment " Given that there has been no evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions I find that the request for 1-2 chiropractic session to be rendered to the right shoulder, right wrist and right hand to not be medically necessary and appropriate.