

Case Number:	CM14-0033133		
Date Assigned:	07/23/2014	Date of Injury:	04/04/2013
Decision Date:	08/27/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational Medicine 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 claimant was injured on 04/04/13. Urine toxicology screening and chiropractic manipulation are under review. The claimant injured his right shoulder and right wrist. Treatment was recommended for 12 visits on 01/15/14 and this was to continue. It is not clear what kind of treatment was necessary. There are handwritten notes that are nearly illegible. The claimant requires prosthesis for the right hand and small finger. He was evaluated for such. He was injured when he used his hand to protect his face as a grinder he was using came toward him. He has a stump and tries to hide it when he is out and about. He saw [REDACTED] on 12/04/13. He complained of pain in the right shoulder and right wrist and hand. Chiropractic treatment, tramadol and urine toxicology screening were recommended. His diagnoses included right shoulder bursitis, right wrist sprain, status post complex laceration of the right hand, status post right thumb surgery, right thumb laceration of ECR tendon, laceration repair of right median nerve, status post right small finger amputation at PIP joint, depression, anxiety, and sleep disturbance. Chiropractic was recommended for the right shoulder and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a urine drug test. The MTUS state drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no evidence that the provider is concerned about illegal drug use or noncompliance with prescription medications that have been provided to the claimant. There is no documentation of inconsistent findings on past drug tests such that follow up is needed. The medical necessity of this request for a drug screen has not been clearly demonstrated.

Chiropractic Manipulation, Evaluation and Treat right hand/wrist 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 92.

Decision rationale: The history and documentation do not objectively support the request for chiropractic manipulation, evaluation and treatment for the right hand and wrist for 12 visits (2 x 6 weeks). The MTUS do not recommend this type of treatment for the forearm, hand, and wrist. The anticipated benefit to the claimant that is expected has not been clearly described in the records and none can be ascertained from the available information. The medical necessity of this request for chiropractic treatment has not been clearly demonstrated.