

Case Number:	CM14-0036975		
Date Assigned:	06/25/2014	Date of Injury:	03/02/2009
Decision Date:	08/08/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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 Licensed in Chiropractic, has a subspecialty in Acupuncture 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 41-year-old female with a reported date of injury on 03/02/2009. The injury reportedly occurred when the injured worker lifted a pot of stew about 50 pounds and twisted her right arm and wrist. Her diagnoses were noted to include shoulder sprain/strain, elbow sprain/strain, wrist sprain/strain, hand sprain/strain, lumbar disc syndrome, radicular neuralgia, lumbar sprain/strain, and segmental dysfunction of the lumbar spine. Her previous treatments were noted to include surgery, chiropractic care, and medications. The progress note dated 02/08/2014 revealed the injured worker stated repeated use of her right hand increased her pain. The injured worker complained of pain to the right wrist more on the thumb side and stress. The physical examination of the wrists and hands revealed grip strength testing was decreased, and the right wrist had positive Tinel's, Phalen's, and Finkelstein's test. The right wrist had less tenderness, muscle spasm, and had slight restriction. The provider reported the injured worker had significant improvements with conservative chiropractic treatments. The Request for Authorization form dated 02/08/2014 was for 14 chiropractic treatments to reduce pain and improve functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 14 sessions of chiropractic treatment to the right hand, DOS 12/22/12 to 1/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The retrospective request for 14 sessions of chiropractic treatment to the right hand, date of service 12/22/2012 to 01/25/2014, is non-certified. The injured worker has received a previous 14 sessions of chiropractic treatment. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines do not recommend manual therapy to the forearm, wrist, or hand. Treatment parameters from state guidelines recommend the time to produce effect is 4 to 6 treatments. The request for 14 sessions of chiropractic treatment exceeds guidelines' recommendations. Therefore, the request is not medically necessary.