

<b>Case Number:</b>	CM14-0045206		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

This 39 year-old patient sustained an injury on 5/18/12 while employed by [REDACTED]. The requests under consideration include Prospective Requests for Six (6) Chiropractic manipulation sessions and One (1) Referral to Medical Doctor (MD) for management of hands and fingers. Operative report of 6/8/12 noted ORIF of right middle proximal phalanx; Operative report of 10/2/12 noted right wrist arthroscopy with excision of dorsal ganglion cyst; radial and ulnar collateral ligament release/ capsulectomy; and tenolysis of extensor/flexor tendons of right middle finger. A report of 12/18/13 from the provider noted patient with decrease in mid-back and right hand/wrist pain; right shoulder pain persists. An exam showed painful limited right wrist ranges of motion with flex/ext of 55/45 degrees; positive Phalen's; positive right shoulder depression test with painful and limited range of flex/abd 65/85 degrees; positive apprehension test; tenderness at right rotator cuff musculature. The diagnoses include Shoulder joint pain; late effects of sprain injury; and cervical muscle spasm. The treatment plan included 6 PT sessions, 6 chiropractic manipulation sessions; and referral for hand/fingers management. The Request for Prospective Requests for Six (6) Chiropractic manipulation sessions and One (1) Referral to Medical Doctor (MD) for management of hands and fingers were not medically necessary on 3/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request: Six (6) Chiropractic manipulation sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** This 39 year-old patient sustained an injury on 5/18/12 while employed by [REDACTED]. The requests under consideration include Prospective Requests for Six (6) Chiropractic manipulation sessions and One (1) Referral to Medical Doctor (MD) for management of hands and fingers. An operative report of 6/8/12 noted ORIF of right middle proximal phalanx; Operative report of 10/2/12 noted right wrist arthroscopy with excision of dorsal ganglion cyst; radial and ulnar collateral ligament release/ capsulectomy; and tenolysis of extensor/flexor tendons of right middle finger. A report of 12/18/13 from the provider noted patient with decrease in mid-back and right hand/wrist pain; right shoulder pain persists. An exam showed painful limited right wrist ranges of motion with flex/ext of 55/45 degrees; positive Phalen's; positive right shoulder depression test with painful and limited range of flex/abd 65/85 degrees; positive apprehension test; tenderness at right rotator cuff musculature. The diagnoses include Shoulder joint pain; late effects of sprain injury; and cervical muscle spasm. The treatment plan included 6 PT sessions, 6 chiropractic manipulation sessions; and referral for hand/fingers management. The California MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury; however, it clearly states that chiropractic is not recommended for the forearm, wrist, and hand as requested for this injured worker s/p right hand/wrist surgeries. The intended goal is the achievement of positive musculoskeletal conditions via 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 patient underwent a completed course of chiropractic/physical therapy treatments; however, there are no reports submitted demonstrating the functional benefit and efficacy of those treatment sessions. Submitted reports have not demonstrated any new injuries or acute flare-up to support further therapy. The patient also had recent 6 sessions of PT authorized without report of functional benefit. The Prospective Request: Six (6) Chiropractic manipulation sessions is not medically necessary and appropriate.

**Prospective Request: One (1) Referral to Medical Doctor (MD) for management of hands and fingers:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** This 39 year-old patient sustained an injury on 5/18/12 while employed by [REDACTED]. The requests under consideration include Prospective

Requests for Six (6) Chiropractic manipulation sessions and One (1) Referral to Medical Doctor (MD) for management of hands and fingers. An Operative report of 6/8/12 noted ORIF of right middle proximal phalanx; Operative report of 10/2/12 noted right wrist arthroscopy with excision of dorsal ganglion cyst; radial and ulnar collateral ligament release/ capsulectomy; and tenolysis of extensor/flexor tendons of right middle finger. A report of 12/18/13 from the provider noted patient with decrease in mid-back and right hand/wrist pain; right shoulder pain persists. An exam showed painful limited right wrist ranges of motion with flex/ext of 55/45 degrees; positive Phalen's; positive right shoulder depression test with painful and limited range of flex/abd 65/85 degrees; positive apprehension test; tenderness at right rotator cuff musculature. The diagnoses include Shoulder joint pain; late effects of sprain injury; and cervical muscle spasm. The treatment plan included 6 PT sessions, 6 chiropractic manipulation sessions; and referral for hand/fingers management. Submitted reports have not demonstrated any clear or specific indication or diagnoses indicative of a hand surgical consultation for chronic unchanged symptoms with last surgery in 2012. There are no identifying changed symptom complaints, clinical findings, new injuries or red-flag conditions to support for specialty care beyond the primary provider's care nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The Prospective Request: One (1) Referral to Medical Doctor (MD) for management of hands and fingers is not medically necessary and appropriate.