

Case Number:	CM14-0054358		
Date Assigned:	07/07/2014	Date of Injury:	10/16/2000
Decision Date:	08/13/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 Illinois. 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 59-year old male who reported an injury on 10/16/2000 due to pulling and pushing and overuse, continuous trauma. The injured worker complained of left wrist pain that increases with activities of daily living. In the physical examination dated 03/03/2014, there was increased palpatory pain, tenderness, and fixation at the left wrist and positive pain with resistant testing to the left wrist. There was decreased range of motion with flexion and extension by 30% and weakness with grip to 20 pounds on the left hand with the Jamar dynamometer. The injured worker's diagnosis was chronic segmental dysfunction of the left wrist. There were no past treatments or diagnostics submitted within the documentation. The care plan was for 3 additional chiropractic treatments to the left wrist. The Request for Authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 3 chiropractic treatments to Left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain caused by musculoskeletal conditions. The goal or effect of manual medicine is a positive symptomatic or objective measurable gain in functional improvement that will help facilitate a progression for the injured worker's therapeutic exercise program and return to productive activity. The injured worker complained of left wrist pain that increased during activities of daily living. The guidelines recommend an initial trial of 6 sessions of chiropractic care and up to 18 visits when there is evidence of objective functional improvement. However, the CA MTUS Guidelines do not support chiropractic therapy for the wrist. Although specific information regarding prior treatment was not provided, the request as submitted is for additional chiropractic care which indicates the injured worker has attended some therapy. However, the number of sessions and efficacy of prior treatment was not provided. As such, the request for 3 additional chiropractic treatments to the left wrist is not medically necessary and appropriate.