

Case Number:	CM14-0061238		
Date Assigned:	07/09/2014	Date of Injury:	01/26/2014
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 a licensed Chiropractor 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 34-year-old male who reported an injury on 01/28/2014. The mechanism of injury was sustained while working and he cut the tip of his thumb off with a saw. The injured worker complained of constant right thumb pain which was rated as moderate to occasionally severe with a tingling sensation and stated that the right thumb was very sensitive. The pain increased when using the right thumb and decreased when using pain medication. The injured worker's diagnoses were right thumb laceration, insomnia, and stress. The past treatments include function restoration program, splinting, and acupuncture. Diagnostic studies include an x-ray of the right thumb that showed no bony involvement of the right thumb. The impression of the x-ray was partial fingertip amputation. On physical examination dated 03/17/2014, the injured worker had a partial amputation of the tip of his thumb with no evidence of infection. Flexion of the tip of the thumb was from 0 to 20 degrees and the adduction, abduction, extension, and flexion of the thumb were full range of motion. The injured worker's medications were Keflex and Motrin. The provider's treatment plan was for Xeroform occlusive dressing and Alumafoam splint. The request for treatment was for chiropractic treatment with chiro supervised physiotherapy and myofascial release 1x week for 4 weeks. There was no rationale documented for the request submitted for review. The request for authorization form dated 03/17/2014 was provided within 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:

2 of 3 chiropractic treatment with chiro supervised physiotherapy and myofascial release 1x week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The request for 2 to 3 chiropractic treatments with chiro supervised physiotherapy and myofascial release 1x week for 4 weeks is not medically necessary. The California MTUS Guidelines states that manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. It is used in 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 a patient's therapeutic exercise program and return to productive activity. The injured worker complained of constant right thumb pain with no radiation but with tingling sensation to the thumb with pain increased when using the thumb and decreased when using pain medication. There was no objective documentation of functional deficit due to the right thumb injury. According to the Guidelines, manual therapy and manipulation is not recommended for the forearm, wrist, and hand. Due to a lack of documentation as to the functional deficit on physical exam findings and due to chiropractic care not being recommended for the hand, the request for 2 to 3 chiropractic treatments with chiro supervised physiotherapy and myofascial release 1x week for 4 weeks is deemed not medically necessary.