MAXIMUS Federal Services

Case Number:	CM14-0065974		
Date Assigned:	07/11/2014	Date of Injury:	03/22/2013
Decision Date:	08/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 patient is a 41-year-old male, born on [redacted]. On 03/22/2013, the patient attempted to remove jammed paper from a printer machine, but his right thumb became caught and when he pulled to remove the thumb it caused laceration to the tip of the right thumb. The patient was taken to the emergency room where he was diagnosed with avulsion and laceration of the right thumb, and surgery was performed to reattach the tip of the right thumb. On 11/23/2013 the patient underwent: 1) right first web space/thumb local tissue rearrangement, 2) right thumb interferential-joint-closed capsulotomy, 3) right thumb flexor tenolysis, and into palm, and 4) right alder digital nerve neuroplasty. Following the 11/23/2013 surgery the patient treated with approximately 10 visits of physical therapy. The chiropractor's 02/22/2014 first report of injury references numerous treatment guidelines, but specific treatment procedures rendered or recommended were not noted. Right hand MRI of 03/22/2014 revealed subluxation of the first digit interphalangeal joint with suspected flexion contracture. Electrodiagnostic studies of 03/26/2014 revealed abnormal EMG and nerve conduction study of the right upper extremity consistent with mild right carpal tunnel syndrome and no evidence of ulnar or radial neuropathy. The patient underwent Agreed Medical Evaluation on 04/30/2014 with complaints of right wrist and hand pain. By examination on 04/30/2014 there was a well-healed surgical scar in the right thumb and tip of the right thumb, bilateral upper extremity range of motion including wrist and hand near full range, decreased right hand grip strength of approximately 7 pounds and 45 pounds for left hand grip strength, upper extremity DTRs 2/2, and decreased light touch sensation in the right thumb on the distal aspect. The chiropractor's 04/05/14 PR-2 report indicates the patient had 3 visits of chiropractic care from 02/22/2014 through 04/05/2014, and there was a request for 3 chiropractic visits to date and 3-5 additional visits. The chiropractor's 06/03/2014 PR-2 report indicates patient complaints of right thumb pain, web of the right hand,

index finger, and radiating pain to the right arm. By examination range of motion of the right thumb was slightly restricted, the right thumb was shorter due to partial amputation of the first digit, the right thumb was sensitive, Finkelstein's was positive and weakness in the hand, Tinel's and Phalen's were positive, reflexes were reported okay, and Dermatome was decreased in the right hand and wrist but hypersensitive at the right thumb. Grip strength (right hand dominant) was reported: first attempt 40 pounds right/80 pounds left, second attempt 40 pounds right/80 pounds left, and third attempt 40 pounds right/80 pounds left. Diagnoses were reported as thumb sprain/strain (842.10), wrist sprain/strain (842.0), hand sprain/strain (842.1), and radicular neuralgia (729.2). The patient was restricted from lifting over 20 pounds and restricted from repeated fine manipulation or heavy firm grasping with the right hand. The chiropractor requested authorization for 4 chiropractic visits and evaluations to date and 2-4 additional visits. No measured treatment goals or specific treatment procedures were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC VISITS X 3 RETROSPECTIVE, 5 ADDITIONAL CHIROPRACTIC VISITS (MYOFASCIAL RELEASE, EXTRA SPINAL MANIPULATIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266,Chronic Pain Treatment Guidelines CA MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES MANUAL THERAPY AND MANIPULATION Page(s): 62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, pages 58-60 Page(s): 58-60.

Decision rationale: The request for 3 visits of retrospective and 5 additional chiropractic visits (manual therapy & manipulation) is not supported by MTUS (Chronic Pain Medical Treatment Guidelines) to be medically necessary. The patient has reported complaints of pain in the right thumb, web of the right hand, index finger, and radiating pain to the right arm. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions, but not in the care of forearm, wrist and hand conditions. MTUS reports treatment of the forearm, wrist and hand with manual therapy and manipulation is not recommended. Therefore the requested chiropractic treatment sessions are not supported to be medically necessary.