

Case Number:	CM14-0072161		
Date Assigned:	07/16/2014	Date of Injury:	08/02/2013
Decision Date:	12/03/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 35 year old female who had a work injury dated 8/2/13. The diagnoses include status post arthroscopic surgery on the right wrist to include partial synovectomy and debridement on February 13, 2014. Under consideration are requests for chiropractic/physiotherapy 2 times 4 right wrist. There is a progress note from a chiropractor dated March 19, 2014 indicates that the patient's right wrist has been worse since surgery. There is occasional tingling over the ulnar half of the hand. The patient has tried therapy. Postoperatively she attended 4 or 5 session without benefit. The pain is mostly over the ulnar portion of the wrist and is more painful with flexion than Extension. She is wearing a wrist brace. Tenderness is noted on the ulnar side of the carpals and over the distal ulnar flexion is 45 degrees, extension 70, ulnar deviation 25, radial deviation 15, pain at the end range of all planes of motion, particularly with flexion, negative Tinel's and Phalen's, and negative Finkelstein's. There is an MRI from 9/10/14 that revealed a patchy full-thickness triangular fibrocartilage complex tear with abnormal fluid seen in the distal radial ulnar joint. Plan is for chiropractic treatment to include manipulation, therapeutic exercise and supportive modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy 2 times 4 for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59, Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: Chiropractic/physiotherapy 2 times 4 for the right wrist is not medically necessary per the MTUS Guidelines. The MTUS does not recommend chiropractic therapy for the forearm wrist and hand. The guidelines indicate that manipulation is a passive treatment. The documentation indicates that the patient has not completed a full post op physical therapy course. The guidelines recommend up to 14 post op visits for this condition. The request for Chiropractic/physiotherapy 2 times 4 for the right wrist is not medically necessary.