

Case Number:	CM14-0077388		
Date Assigned:	07/18/2014	Date of Injury:	06/19/2011
Decision Date:	08/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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 53-year-old male who reported an injury on 06/19/2011. The mechanism of injury involved a fall. Current diagnoses include status post Open Reduction Internal Fixation (ORIF) of the left wrist, moderate degenerative joint disease of the left wrist, and left CMC degenerative joint disease. The injured worker was evaluated on 04/10/2014 with complaints of 6/10 left hand and wrist pain. It is noted that the injured worker has been previously treated with 12 sessions of physical therapy and chiropractic therapy. The current medication regimen includes Norco. Physical examination revealed 50 degree extension, 40 degree flexion, 5 degree radial deviation, 20 degree ulnar deviation, tenderness to palpation over the dorsal aspect of the radial/carpal joint, positive Finkelstein's testing, positive CMC grind testing, negative triggering, and limited grip strength. Treatment recommendations at that time included a CT scan of the left wrist, a hand subspecialist referral, and chiropractic rehabilitative therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computer Tomography (CT) Scan left hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. As per the documentation submitted, the injured worker has been diagnosed with degenerative joint disease. The medical necessity for additional testing has not been established. There is no documentation of a progression or worsening of symptoms or physical examination findings. As the medical necessity has not been established, the request is not medically necessary and appropriate.

Chiropractic rehabilitative therapy two (2) times four (4) weeks for the left hand/wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 268-269, 271-273.

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

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the forearm, wrist, and hand is not recommended. Therefore, the current request cannot be determined as medically appropriate. It was also noted that the injured worker was previously treated with 12 sessions of chiropractic therapy. There was no documentation of objective functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.