

Case Number:	CM14-0143634		
Date Assigned:	09/12/2014	Date of Injury:	10/05/2013
Decision Date:	04/21/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 39 year old male, who sustained a work related injury on 10/5/13. He felt immediate sharp pain in right hand after he fell. The diagnoses have included right wrist sprain/strain, post-right wrist fracture and rule out carpal tunnel syndrome. Treatments to date have included 15 Chiropractic visits, x-rays right wrist dated 6/24/14, MRI right wrist dated 8/5/14, physical therapy and medications. In the PR-2 dated 8/20/14, the injured worker complains of intermittent, moderate, stabbing right wrist pain that he rates a 7/10. The range of motion in right wrist is decreased and painful. There is tenderness to palpation of right wrist. Tinel's sign causes tingling. Phalen's sign causes pain. Reverse Phalen's causes pain. The treatment plan is request continuation of Chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The 8/27/14 UR determination denied the request for additional Chiropractic care, 12-18 visits to manage the patients reported residual deficits of hand/wrist. The patient was reported to be status post an initial trial of Chiropractic care, 7 sessions at the time of the request but submitted records were incomplete and failed to address any objective indications of progressive clinically significant improvement. The reviewed medical records failed to address the medical necessity to continue with Chiropractic care to the hand/wrist based on the reported objective clinical evidence of functional improvement, and the criteria for continuing care per CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.