

<b>Case Number:</b>	CM14-0182133		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 licensed in Chiropractic, has a subspecialty in Acupuncture 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:

This is a 49 year old male who sustained a work related injury on 3/19/2013. The mechanism of injury is due to a fall of approximately 5 feet while trying to stop a cabinet from falling while in the process of installing upper cabinets. He has undergone a surgical procedure reported as nonunion and avascular necrosis of the proximal pole of the left scaphoid and postoperative physical therapy. The dates are not provided in this documentation. Per the most recent submitted Primary Treating Physician's Progress Report dated 9/11/2014, he was 6 weeks status post wrist surgery, sutures were ok and healing. Motion was slightly limited, all motors functioning. Diagnoses included sprain of neck, sprain of lumbar region and sprain of wrist. The plan of care included physical therapy and pain medications. The injured worker was to remain off work until the next visit. On 10/10/2014, Utilization Review non-certified a prescription for Chiropractic 2 times a week for 4 weeks for the left wrist based on lack of medical necessity and the CA MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 4 weeks for the left wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient is reported to be a 49 year old male who sustained a work related injury on 3/19/2013. Diagnoses per [REDACTED]: cervical, lumbar strains and scaphoid non-union of the left wrist. The UR determination of 10/10/14 references the patient receiving authorization for excision of the proximal pole of the left scaphoid on 12/03/13 but the date of surgery was unknown; post-operative pt was reportedly provided. On 8/21/14 a PR-2 from [REDACTED] reported that authorization for surgery was obtained for proximal pole excision left scaphoid; schedule surgery. There is no specific date of surgery referenced in this report. [REDACTED] reported on 10/2/14 the patient 1 week status post wrist surgery, sutures OK, healing with motion slightly limited; all motors functioning. Patient was requested to return in 1 week and initiate PT; TTD and refill Vicodin. This PT request was the initial request of post op PT. There appears to have been a delay in the authorization process for the wrist surgery that was not completed until sometime after the PR-2 of 8/21/14 and before the 10/2/14 PR-2. There was no opportunity for initiation of PT leaving this request for PT 8 sessions consistent with the referenced CAMTUS Post-Operative Treatment Guidelines.