

Case Number:	CM14-0189723		
Date Assigned:	11/20/2014	Date of Injury:	04/26/2014
Decision Date:	01/08/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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 and 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:

Claimant is a 49 year old female who sustained a work related injury on 4/26/2014. Prior treatment includes acupuncture, physical therapy, injections, hand therapy, occupational therapy, chiropractic and medications. Per a report dated 10/22/2014, the claimant has aches and pain in her left wrist and hand that refers all the way up to the neck and shoulder. Acupuncture did not seem to help her long with her subjective complaints and with activities of daily living her pains come right back. She has tenderness of palpation in the left wrist and upper extremity. Cross arm impingement and TFC stress test were positive on the left. Active range of motion were limited on the wrist and 4th and 5th digits. Chiropractic therapy was provided on 10/22/2014. He is on total temporary disability. Her diagnoses is pain and stiffness and sprain/strain of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, 2-3 times per week for the left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. It is unclear how many total sessions of chiropractic were rendered. The claimant had at least one session on 10/22/2014. There is no documentation of functional improvement from a completion of a trial of care. In addition, guidelines do not recommend chiropractic care for the wrist/hand. Therefore further visits are not medically necessary.