

Case Number:	CM14-0191874		
Date Assigned:	11/25/2014	Date of Injury:	08/29/2014
Decision Date:	02/11/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 Chiropractor (DC) 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:

The patient is a 24 year old male who sustained an injury to his right forearm and wrist on 8/29/2014 while performing his usual and customary duties as a parking attendant. The patient was struck by another vehicle. Per the PTP's comprehensive report, patient complains of "intermittent dull, sharp burning pain in right hand, wrist and forearm with swelling of all fingers and popping of the wrist. Right thumb numbness, weak grip strength tingling and numbness of digits 2/3 and intermittent sharp right elbow pain." The patient has been treated with medications, physiotherapies, occupational therapy and 6 sessions of chiropractic care. An X-ray of the right forearm has been normal with no evidence of fracture. Diagnoses assigned by the PTP are right wrist sprain, right elbow sprain, right forearm contusion and right upper extremity neuropathy. The PTP is requesting 6 additional chiropractic sessions to the right forearm and wrist to include manual therapy, exercises and modalities. The UR department has modified the request and approved 4 sessions of chiropractic care with manual therapies and exercises only, modalities not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic sessions to the right forearm and wrist to include manual therapy, exercises and modalities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Manipulation Section; MTUS Definitions page 1

Decision rationale: This patient suffers from an injury to his right forearm and wrist. Per the records provided he is working in a modified duty capacity. The patient has received 6 sessions of chiropractic care per the records provided. The records provided do not show objective functional improvement with the past chiropractic care rendered. In the absence of objective functional improvement per MTUS the additional chiropractic care is not warranted. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS ODG Forearm, Wrist & Hand Chapter does not recommend manipulation. The UR department has authorized 4 sessions of care to not include modalities. Given that there has been no evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions, the request for 6 chiropractic sessions to the right forearm and wrist to include manual therapy, exercises and modalities is not medically necessary and appropriate.