

Case Number:	CM14-0204856		
Date Assigned:	12/17/2014	Date of Injury:	07/17/2014
Decision Date:	02/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 Family Practice 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 injured worker's date of injury is 07/17/2014. The initial injury occurred at work when the patient fell injuring the tailbone and right hand. This patient receives treatment for chronic sacral and coccygeal pain, left inguinal pain, and right fifth finger pain. The patient received treatment for a fracture of the distal portion of the right fifth finger. A bone scan on 10/13/2014 shows evidence of a healing fracture in the sacral region. The patient has tenderness on palpation of the right wrist and the left inguinal region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x3 for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The treating clinician recommends chiropractic treatment for the patient's pain involving the right wrist. The treatment guidelines state that chiropractic treatment is not recommended for forearm, hand, and wrist injuries. The documentation states that occupational therapy is recommended for this patient. Chiropractic treatment is not medically indicated.

Right wrist MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist, & Hand Procedure Summary

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, and hand.

Decision rationale: An MRI of the wrist may be medically indicated to diagnosis an occult fracture, ligamentous injury, osteomyelitis, or tumor when there are clinical indications and a standard radiograph has been performed. An MRI may be medically indicated pre-operatively, when the patient has failed conservative therapy and surgery is planned. The documentation does not support any of these conditions. A wrist MRI is not medically indicated.

Med-4 interferential unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The interferential unit is not a recommended treatment because clinical studies fail to show any benefit in control of pain or return of functioning above placebo. The guidelines recommend a one month trial first. There is no documentation of this one month trial. The interferential unit is not medically indicated.

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: A low back brace (lumbar support) only offer a benefit in the acute phase of low back pain treatment. Using one for chronic low back pain can lead to loss of ROM and muscular weakness. An LSO brace is not medically indicated.