

Case Number:	CM15-0004831		
Date Assigned:	01/16/2015	Date of Injury:	02/04/2014
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 49 year old male, who sustained an industrial injury on February 4, 2014. He has reported right wrist and hand pain. The diagnoses have included right wrist sprain/strain, trigger finger, loss of sleep, anxiety, depression and other insomnia. Treatment to date has included wrist splint, topical and oral medications. Currently, the IW complains of right wrist and hand pain and sleep disturbance due to pain. Treatment includes magnetic resonance imaging (MRI) and oral medications. On December 8, 2014 utilization review non-certified a request for 6 chiropractic visits and 6 acupuncture visits, noting the manipulation for forearm, wrist and hand is not recommended. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (Acute & Chronic), Chiropractic guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand, Manipulation

Decision rationale: The MTUS Chiropractic section refers to Manual Therapy and Manipulation Guidelines for recommendations. Guidelines for Manual therapy of the forearm, wrist and hand recommend against manipulation. The medical records do not indicate any extenuating circumstances that would warrant exception to the MTUS guidelines. Additionally, the treating physician does not describe the specific pathologies that he wishes to have addressed in chiropractic treatments. As such, the request for 6 Chiropractic visits is not medically necessary.

6 Acupuncture therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand, Acupuncture

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical documents did not provide detail regarding patient's increase or decrease in pain medication from previous acupuncture treatments. The treating physician has not provided documentation to indicate this patient had functional improvement from the acupuncture treatment that has been received to date. As such, the request for 6 Acupuncture therapy visits is not medically necessary.