

Case Number:	CM15-0006446		
Date Assigned:	01/26/2015	Date of Injury:	09/26/2014
Decision Date:	03/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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: New Jersey

Certification(s)/Specialty: Chiropractor

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 53-year-old male who reported an injury on 09/25/2014. The mechanism of injury involved heavy lifting. The current diagnoses include thoracic sprain, cervical sprain, left ankle sprain, and bilateral knee sprain. The latest physician progress report submitted for this review is an incomplete orthopedic consultation dated 11/19/2014. The injured worker presented with complaints of head and neck pain radiating into the bilateral shoulders. The injured worker also reported low back pain with radiation into the bilateral lower extremities. The current medication regimen includes etodolac and Flexeril. Upon examination, there was diminished grip strength on the right, tenderness of the first dorsum compartment on the right; 60 degree dorsiflexion; 60 degree palmar flexion; 20 degree radial deviation; 30 degree ulnar deviation; and positive Finkelstein's test on the right. The orthopedic consultation note is incomplete. Therefore, treatment recommendations are not provided. A Request for Authorization form was submitted on 11/19/2014 for 6 chiropractic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Chiropractic visits for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chiropractic visits for the right wrist is not medically appropriate. Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the forearm, wrist, and hand is not recommended. Therefore, the current request for 6 chiropractic visits for the right wrist is not medically appropriate.