

Case Number:	CM15-0007634		
Date Assigned:	01/23/2015	Date of Injury:	08/12/2013
Decision Date:	03/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old female who reported an injury on 08/12/2013. The injury reportedly occurred to her right middle finger when she was sorting fruit and a fruit pick punctured her right middle fingertip beneath the nailbed. Her diagnoses included right hand joint pain, right hand middle finger felon, and residual neuroma. Her past treatments were noted to include physical therapy, medications, and home exercise. At her followup visit on 11/20/2014, the injured worker's symptoms were noted to include dull right hand pain with radiating symptoms toward the right shoulder with numbness and tingling, rated 6/10. Physical examination of the right hand revealed decreased range of motion in all joints of the affected finger. She also had decreased grip strength in the right hand compared to the left. The treatment plan included acupuncture and chiropractic treatment for the right hand. It was noted that these treatments were recommended as the injured worker has ongoing weakness in the right hand despite previous conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x6 for the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation is not recommended for conditions of the forearm, wrist, or hand. The injured worker was noted to have persistent right hand pain with range of motion deficits and grip strength deficits on physical examination. However, as the guidelines specifically state chiropractic therapy is not recommended for hand conditions, the request is not supported. As such, the request is not medically necessary.

Acupuncture 2x6 for the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Guidelines, acupuncture may be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication induced nausea, promote relaxation, and reduce muscle spasm. When indicated, the guidelines recommend 3 to 6 treatments to produce functional improvement prior to continuing with the treatment. The clinical information submitted for review indicated that the injured worker has significant pain and functional deficits related to her right hand. Therefore, an initial trial of acupuncture may be appropriate. However, the request for visits at twice a week for 6 weeks exceeds the guideline recommendations of a maximum 6 visits as part of a trial prior to continuing with treatment. Therefore, the request is not medically necessary.