

Case Number:	CM15-0103640		
Date Assigned:	06/08/2015	Date of Injury:	11/12/2013
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/29/2015

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, Minnesota
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 39 year old male with an industrial injury date 11/12/2013. The mechanism of injury is documented as a massive crush injury to the left upper extremity. He sustained amputation of the index finger and amputation of the middle finger. The middle finger replantation was not successful and had to be removed. His diagnosis was partial amputation of left middle finger and crushing injury left wrist/hand. Prior treatment included amputation and surgical repair. Other treatment included trial of therapeutic exercises, functional restoration, functional activities and myofascial release. Debulking of the left hand surgical procedure was done on 01/27/2014. He presented on 05/04/2015 with complaints of constant moderate left index, middle finger, left wrist and left forearm pain. Physical exam revealed moderate tenderness to palpation at the left index and right partial middle finger, left wrist and fore arm. There was decreased range of motion of the wrist by 50%. Treatment plan included in-office therapy two times a week for four weeks and referral to a hand specialist. Treatment request was for consultation with orthopedic hand specialist and post-operative chiropractic therapy two times week for 4 weeks (therapeutic exercises and functional activities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Chiropractic therapy, 2 times wkly for 4 wks, (therapeutic exercises and functional activities): Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation to the hand/upper extremity is not recommended. The patient had surgery approximately 1 and 1/2 years ago. The doctor is requesting post-operative Chiropractic therapy 2 times per week for 4 weeks with therapeutic exercises and functional activities to apparently the hand and upper extremities. The requested treatment is not according to the above guidelines for chiropractic manipulation and therefore the treatment is not medically necessary and appropriate. (Also according to the above guidelines section 9792.20, pages 18-22, post-surgical physical medicine is recommended in the first 4-12 months after surgery and therefore this treatment would not be medically necessary.)