

Case Number:	CM15-0104619		
Date Assigned:	06/09/2015	Date of Injury:	08/02/2013
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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 24-year-old female, who sustained an industrial injury on 08/02/2013. She developed the onset of pain in her right wrist from repetitive use of her hands. Treatment to date has included medications, MRA, physical therapy, injection to the right wrist and electro diagnostic studies. According to a progress report dated 04/27/2015, the injured worker was still having right arm and hand pain. Her employer accommodated work restrictions. Objective findings included 4/5 muscle strength in the right shoulder and wrist. Ulnar-sided right wrist pain was noted. MRA showed TFCC (triangular fibro cartilage complex) tear on the right. Diagnoses included tenosynovitis hand/wrist not elsewhere classified and ganglion of joint. The treatment plans included therapy 2 x 4 weeks and await hand specialist consult. Currently under review is the request for chiropractic manipulation for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the wrist is not recommended. The doctor has requested chiropractic manipulation to the right wrist. The request for treatment for the wrist is not according to the above guidelines and therefore the treatment is not medically necessary.