

Case Number:	CM15-0107350		
Date Assigned:	06/11/2015	Date of Injury:	10/21/2014
Decision Date:	08/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/03/2015

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: Chiropractic

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 male with an industrial injury dated 10/21/2014. The injury is documented as occurring when he dropped something heavy onto his right hand causing a burst laceration. His diagnoses included contusion/laceration of the right wrist/hand, contusion of the right fingers, right wrist/hand sprain/strain, open wound of the right hand (resolving.) Prior treatment included physical therapy, chiropractic and diagnostics. He presents on 04/13/2015 with complaints of right hand and finger pain. Wrist pain was decreased approximately 15% with treatment. It was most painful along the scar on his palmer surface from the palm to the base of the 3rd metacarpal. Physical exam revealed a nearly healed scar over the 3rd metacarpal to the proximal 3rd phalange. Swelling was less than initial visit. Wrist range of motion was limited with myospasm and pain on the right. Phalen test was positive for carpal tunnel syndrome and Finkelstein's test was positive for de Quervain's tenosynovitis. Muscle strength of the neck was normal. Muscle strength in the right wrist/hand was positive for weakness. The treatment request is for 8 additional chiropractic manipulation for the right wrist/hand, 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional chiropractic manipulation for the right wrist/hand, 2 times a week for 4 weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand/Manipulation.

Decision rationale: The patient has received chiropractic care for her wrist injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement but The MTUS does not recommend manipulation for the wrist. The ODG Forearm, Wrist and Hand Chapter does not recommend chiropractic care. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the right wrist and hand to not be medically necessary and appropriate.