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| Case Number: | CM15-0013877 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 12/09/2013 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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: Ohio

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 31 year old male with an industrial injury date of 12/09/2013. The injured worker complains of injury to left arm at work. The injured worker complains of pain in forearm. Motor and sensation were intact. He was able to actively extend all digits. EMG/NCV 03/13/2014 showed no response in L-radial nerve including motor and sensory below mid arm level and chronic severe degeneration potential at the left extensor digitorum, extensor indices and extensor polices longus. Consistent with radial neuropathy severe degree and chronic stage, sparing left side triceps, brachioradialis and supinator. Prior treatment included left radial nerve exploration and open reduction internal fixation of humerus, physical therapy, wrist brace, splint home exercise program and medications. Diagnosis included: Acute sprain/strain shoulder, Fracture of left humerus, Lesion of radial nerve, Pain in joint upper arm. On 12/23/2014 the request for chiropractic therapy 2-3 times 6 for the left wrist was denied by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2-3 x6 for Left Wrist: 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 - 60.

Decision rationale: MTUS guidelines state that manual therapy manipulation forearm, wrist, and hand are not recommended. There is no documentation provided to substantiate deviating from the MTUS guidelines. Therefore, due to manipulation not being recommended the request for chiropractic 2-3 x6 for the left wrist is not medically necessary.