

Case Number:	CM15-0135271		
Date Assigned:	07/23/2015	Date of Injury:	11/07/2014
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 64 year old male, who sustained an industrial injury on 11/7/14. He has reported initial complaints of a left hand injury. The diagnoses have included sprains and strains of the wrist and hand and open wound of left finger with no complications. Treatment to date has included medications, chiropractic 12 sessions, diagnostics and other modalities. As per the physician progress note dated 11/24/14, the injured worker complains of soreness of the right middle finger. The symptoms are dull and mild and exacerbated by gripping and lessened by medications. The physical exam reveals that the wound and surrounding tissue is healing as expected. The right middle finger has a 2 centimeter wound, skin deep, linear in shape that is almost healed and range of motion causes discomfort. The diagnostic testing that was performed included left hand x-ray, left wrist x-ray, Magnetic Resonance Imaging (MRI) of the left wrist and hand. The work status is modified with restrictions. The physician requested treatment included 6 additional Chiropractic sessions for forearm, wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 treatments (left middle finger): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

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

Decision rationale: The patient has received 10 chiropractic care sessions for his left forearm, wrist and hand injury in the past. The past chiropractic treatment notes are not present in the materials provided. The PTP's 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 do not recommend manipulation for the forearm, wrist and hand. The ODG Forearm, Wrist & Hand Chapter does not recommend manipulation for the forearm, wrist and hand. 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 improvement with the care in the past per the treating physician's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the left middle finger (forearm, wrist & hand) to not be medically necessary and appropriate.