

<b>Case Number:</b>	CM15-0135611		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/17/2014
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 57 year old male, who sustained an industrial injury on 10/17/2014. He has reported injury to the right hand. The diagnoses have included status post amputation tip of right long finger distal to DIP (distal interphalangeal) joint; right hand fracture; and right hand tenosynovitis. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Tramadol and topical compounded creams. A progress report from the treating physician, dated 03/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant right index/middle finger pain; constant moderate achy, throbbing right hand pain; the pain aggravates with repetitive flexion, grasping, gripping, pushing, pulling, and when opening jars and bottles; numbness, tingling sensation, weakness, and loss of grip; and the pain level is rated as 9 on a scale of 1 to 10. Objective findings included right grip motor strength is 4+/5; deep tendon reflexes are normal and equal bilaterally at 2/2; amputated tip of right long finger distal to DIP (distal interphalangeal) joint; and there is tenderness to palpation of the palmar aspect of the right hand. The treatment plan has included the request for chiropractic physiotherapy 2 x 3 for right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Physio Therapy 2 x 3 for right hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**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 of the hands is not recommended. The doctor has requested Chiropractic physiotherapy 2x3 for the right hand. The request for treatment is not recommended by the above guidelines and therefore the request for chiropractic manipulation is not medically necessary and appropriate. There is not enough documentation about the amount of previous physical therapy the patient has received and no documented objective functional improvement from the past treatment. Therefore, the requested chiropractic physiotherapy to the hand is not medically necessary and appropriate.