

Case Number:	CM15-0144649		
Date Assigned:	08/05/2015	Date of Injury:	01/01/2011
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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:

This is a 50 year old female with a January 1, 2011 date of injury. A handwritten progress note dated April 14, 2015 documents subjective complaints (pain thenar pad and incision, sensation returning), objective findings (stitches intact; swelling over dorsal wrist and incision and palm; tenderness to palpation over dorsal wrist; tenderness to palpation over tendons; positive Tinel's to 1-3 fingers; decreased range of motion), and current diagnoses (wrist tendonitis and carpal tunnel syndrome; cervical spine sprain and strain). Portions of the progress note were difficult to decipher. Treatments to date have included carpal tunnel release, chiropractic treatments, diagnostic testing, and medications. The treating physician documented a plan of care that included chiropractic treatments 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 3xWk x 6Wks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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 wrists are not recommended. The doctor has requested chiropractic 3 times per week for 6 weeks or 18 visits for the right wrist. The above guidelines do not recommend manipulation of the wrist and therefore the treatment is not medically necessary and appropriate. (See post-op physical therapy section for the wrist treatment)