

Case Number:	CM15-0161087		
Date Assigned:	08/27/2015	Date of Injury:	05/20/2015
Decision Date:	10/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	08/17/2015

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 27 year old female, who sustained an industrial injury on May 20, 2015. She reported swelling, numbness and pain of her left wrist and hand. The injured worker was currently diagnosed as having sprain and strain of the left hand and wrist unspecified. Treatment to date has included diagnostic studies, work restrictions, physical therapy, rest and medications. On June 23, 2015, the injured worker complained of left wrist pain rated an 8 on a 1-10 pain scale. The symptoms are exacerbated by movement and relieved by rest and medications. A full range of motion was noted and the left wrist was described as stable. The injured worker was noted to be 50% improved in function and symptoms after four weeks from her first visit. The treatment plan included medications, hand specialist appointment, EMG, work restrictions and a renewal of physical therapy times six. A request was made for chiropractic treatment for the left wrist three times a week for 6 weeks and re-evaluate in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for left wrist 3 times a week for 6 weeks: 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) Wrist, Forearm & Hand/Carpal Tunnel Syndrome, Manipulation.

Decision rationale: The patient has not received chiropractic care for her left wrist injury in the past. For wrist injuries and carpal tunnel syndrome the MTUS Chronic Pain Medical Treatment Guidelines and the ODG Wrist, Forearm and Hand/Carpal Tunnel Syndrome Chapter do not recommend chiropractic care. The guidelines do not recommend manipulation for the wrist. I find that the 18 chiropractic sessions requested to the left wrist is not medically necessary and appropriate.

Re-evaluate in 4-6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 1.

Decision rationale: The MTUS allows for re-evaluations and follow-up examinations as a physician can document objective functional improvements, report progress and recommend treatments. 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." The evaluation and management visit is an integral part of the patient management process and is necessary. I find that the re-evaluation requested in 4-6 weeks to be medically necessary and appropriate.