

Case Number:	CM15-0164954		
Date Assigned:	09/02/2015	Date of Injury:	10/15/2014
Decision Date:	10/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/21/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 47 year old male who has reported left hand and wrist problems after a laceration injury on 10-15-2014. The recent diagnoses have included a left finger flexion contracture, injury to the nerves of the wrist and hand, and left wrist pain. Treatment has included ongoing chiropractic care. The primary treating physician appears to be a chiropractor. Reports during 2015 from this chiropractor reflect ongoing finger pain, wrist pain, weakness, limited range of motion, and a positive Phalen's test. The work status is "can work to tolerance" at each visit. Treatment consists of chiropractic care and passive modalities on a repetitive basis. The reports do not describe specific functional improvement during the course of care. As of 8/25/15, it appears that the injured worker was referred to an MD for any ongoing care. One of the initial reports is dated 6/6/15 and lists signs and symptoms in the hand and wrist. Chiropractic care was prescribed. A left hand radiograph was normal. One of the initial reports is dated 7/14/15, and lists signs and symptoms in the wrist and hand after an undescribed injury. The diagnosis was "wrist sprain/strain". The PR2 of 8/6/15 provided the same kind of information as prior reports, with ongoing left hand symptoms. Symptoms were confined to the "pinky finger". More treatment was advocated along with a wrist MRI. The MRI was to "rule out further pathology". The Request for Authorization of 8/10/15 included the requests referred for this Independent Medical Review. On 8/18/15 Utilization Review non-certified additional chiropractic care and a wrist MRI. The Utilization Review noted 23 chiropractic visits to date. The treatment requests were non-certified based on the MTUS and Official Disability Guidelines recommendations as well as the lack of significant improvement with treatment. A referral to an orthopedic specialist was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous care chiro, including ultrasound and heat Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine, Ultrasound, therapeutic.

Decision rationale: Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The current physical therapy prescription exceeds the quantity recommended in the MTUS. There is no evidence of functional improvement from the treatment to date (23 visits). Work status is the same and the treating physician has provided no evidence of any other improvement in function. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee". Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks for low back pain, with any further manual therapy contingent upon functional improvement. The maximum recommended duration and number of visits is up to 18 visits over 6-8 weeks. This injured worker has exceeded the maximum visits recommended in the MTUS. The MTUS states that maintenance manipulation is not recommended. Care in this case is prescribed at each visit, which implies maintenance care rather than care for flare-ups, which would occur infrequently and unpredictably. No manual and manipulative therapy or further physical therapy modalities are medically necessary based on the lack of emphasis on functional restoration, a prescription which exceeds that recommended in the MTUS, and the lack of specific functional improvement to date. The request is not medically necessary.

MRI of left wrist Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, hand, wrist chapter; MRI's.

Decision rationale: The Official Disability Guidelines, in the citation above, recommend an MRI for chronic wrist pain as follows: "Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienback's disease."

The treating physician has not presented or discussed these conditions. The MTUS discusses wrist imaging in the citation above. The specific historical details of any wrist symptoms are not described sufficiently. The treating physician seems to be treating a finger injury, not a wrist injury. The specific wrist injury was not adequately described. There were no signs of significant pathology clinically and the radiographs were normal. The only positive physical findings at the wrist were non-specific tenderness and limited range of motion, which are not an indication for an MRI. The MTUS, cited above, discusses specific clinical findings and suggestions for imaging. The treating physician has not provided sufficient indications for any imaging test, including an MRI. The treating physician has stated that an MRI is needed to rule out pathology, which is not specific enough and does not focus on any likely pathology due to an injury that might have occurred in this case. The wrist MRI is not medically necessary based on the lack of sufficient indications and the cited guidelines.