

Case Number:	CM15-0167798		
Date Assigned:	09/08/2015	Date of Injury:	10/08/2014
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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: Georgia, California, Texas
 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:

The injured worker is a 45-year-old female who sustained an industrial injury on 10-8-14. The 7-24-15 Primary Treating Physician's Initial Comprehensive Report indicates that the injury was "cumulative trauma from 3-1-14 through 10-8-14". Injuries were sustained to her head, both shoulders, both wrists and both hands due to her job requirements of prolonged standing, walking, reaching, grasping and gripping using both hands, bending, pushing, pulling, lifting up to 30 pounds, and keeping the head and neck in a fixed position for a prolonged period of time. 6-30-15 office note documented evidence of left 3rd trigger finger. The 7-24-15 report states that the injured worker complained of "constant severe throbbing, burning headache radiating to the eyes", as well as neck pain, radiating to the head, intermittent left shoulder pain, radiating to the neck, intermittent left wrist pain, constant pain of her left fingers with stiffness, heaviness, numbness, tingling, weakness, and cramping radiating to the left palm and wrist with numbness, and depression, anxiety, and irritability. Her diagnoses include headache, cervical musculoligamentous injury, cervical muscle spasm, rule out cervical disc protrusion, left shoulder myoligamentous injury, left shoulder muscle spasm, rule out left shoulder internal derangement, rule out left carpal tunnel syndrome, left de Quervain's disease, finger injury, and left middle trigger finger. The treatment plan was for chiropractic treatment, physiotherapy, and a referral to a hand specialist. 08-06-15 plastic surgeon's secondary treating physician's report stated that previous MRI of the hands had revealed (unspecified) positive findings. On exam, Tinel, median nerve compression, and Durkan tests were positive. There was mild thenar atrophy and APB weakness. There was tenderness over the anatomical snuff box and lateral epicondyle. There was pain with radial deviation of the wrist. Treatment to date including physical therapy

and medication had not helped. Recommendations included thumb spica brace and diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, Neck, 2 times wkly for 3 wks, 6 sessions: Overturned

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.

Decision rationale: Office notes document pain, tenderness, and limited range of motion of the cervical spine. MTUS recommends a trial of 6 visits of chiropractic manipulation, with up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The requested chiropractic treatments are consistent with MTUS recommendations.

Hand Specialist Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition Ch. 11 (Forearm Wrist and Hand Complaints) discussion of Surgical Considerations states: Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The submitted clinical documentation has identified physical exam findings suggestive of possible carpal tunnel syndrome, TFCC injury, trigger finger, and lateral epicondylitis. There has been a failure of previous conservative treatments including physical therapy and medication. The requested specialist referral is reasonable and medically necessary.