

Case Number:	CM15-0182283		
Date Assigned:	09/23/2015	Date of Injury:	02/11/2015
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/16/2015

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 46 year old male, who sustained an industrial-work injury on 2-11-15. He reported initial complaints of neck, mid back, and right upper extremity pain due to repetitive motion. The injured worker was diagnosed as having headache, cervical myofascitis, cervical pain, thoracic myofascitis, thoracic pain, right lateral epicondylitis, left lateral epicondylitis, left forearm pain and spasm, left wrist dysfunction, left wrist pain, upper extremity neuritis, sleep disturbance, psych component, chronic pain, and fatigue. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of neck pain with stiffness and muscle spasm, mid back pain and between shoulder blades with spasm, right elbow pain, forearm pain, wrist pain, pain in hand and fingers with pins and needles sensation, loss of sleep due to pain and irritable, nervous, and fatigued. Per the primary physician's progress report (PR-2) on 7-14-15, exam noted intact cranial nerves, cervical spine exam noted decreased range of motion, tenderness and spasm of the bilateral trapezii, paravertebral muscles, and cervico-thoracic junction, foraminal compression and shoulder depression are positive. The thoracic spine range of motion is painful, tenderness to palpation of the cervico-thoracic junction, medial border of scapula, spinous processes and thoracic paravertebral muscles. There is muscle spasm of the medial border of scapula, right lateral scapulae, and thoracic paravertebral muscles, and Kemp's cause pain. The left and right elbow has painful range of motion and tenderness to the anterior elbow, muscle spasm of the volar forearm, valgus-varus is positive. The left forearm had tenderness of the dorsal forearm and volar forearm with muscle spasm. The left hand had decreased range of motion and tenderness. The Request for Authorization requested service to

include additional chiropractic physiotherapy 1 time a week for 4 weeks, left hand. The Utilization Review on 8-19-15 denied the request due to lack of documentation for need of service for the index finger for generic diagnosis of hand pain, per ODG (Official Disability Guidelines).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 1 time a week for 4 weeks, left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Forearm & Hand/Manipulation.

Decision rationale: The patient has received chiropractic care and physiotherapy for his left hand injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS and The ODG Wrist, Forearm & Hand Chapter do not recommend manipulation. 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." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The MTUS does not recommend manipulation for the hand. I find that the 4 additional chiropractic sessions requested to the left hand is not medically necessary and appropriate.