MAXIMUS Federal Services

Case Number:	CM15-0201351		
Date Assigned:	10/16/2015	Date of Injury:	09/06/2015
Decision Date:	12/04/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 09-06-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right wrist sprain with pain, and a contusion and sprain of the low back. Medical records (09-09-2015 to 09-17-2015) indicate improving intermittent right wrist pain and low back pain. Pain levels were rated 8 out of 10 in severity on a visual analog scale (VAS). Activity levels and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-17-2015, revealed tenderness over the extensor surface of the right wrist tendon with full range of motion, full motor strength, normal sensation, and no instability. Relevant treatments have included: work restrictions. The treating physician indicates that x-rays of the right wrist were normal. The request for authorization (09-11-2015) shows that the following treatment was requested: 6 chiropractic visits over 2 weeks for the lumbar spine and right wrist. The original utilization review (09-28-2015) non-certified the request for 6 chiropractic visits over 2 weeks for the lumbar spine and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 visits over 2 weeks for the lumbar spine and right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The medical necessity for the requested 6 chiropractic treatments for the lumbar spine and right hand/wrist was established. The original denial stated that that there were no significant deficits involving the low back. The initial evaluation clearly disputes this opinion. The claimant fell from a ladder onto his buttocks and extended right wrist. He presented to [redacted] the following day complaining of severe lower back and right wrist pain at 8/10 on the visual analogue scale. Upon examination there was a significant reduction in thoracolumbar range of motion. There was tenderness to palpation in the thoracolumbar spine and paravertebral musculature. With respect to the wrist there was tenderness on the flexor surface of the right wrist. Given the mechanism of injury and clinical findings on examination a course of 6 chiropractic treatments can be considered appropriate. ACOEM guidelines chapter 12, page 298 indicates that "manipulation appears safe and effective in the first few weeks of back pain without radiculopathy." Page 299 indicates that "if manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated." The requested 6 treatments are consistent with this guideline. A course of physical medicine for the wrist can also be considered appropriate. The requested 6 treatments for the rest are supported by ACOEM guidelines, chapter 11, page 264, table 11-4 indicates that "specific hand and wrist exercises for range of motion and strengthening" can be considered appropriate. The requested 6 treatments are medically necessary.