

Case Number:	CM15-0201628		
Date Assigned:	10/16/2015	Date of Injury:	03/31/2010
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female with an industrial injury date of 03-31-2010. Medical record review indicates she is being treated for right wrist DeQuervains tenosynovitis. Subjective complaints (09-21-2015) included "constant, moderate to severe pain" in right wrist and hand rated as 9 out of 10. Associated symptoms included numbness and tingling sensations in digits 1-4 of her right hand. Work status (09-21-2015) is documented as modified work duties with the following restrictions: "45 minutes of keyboard use, alternated with other work duties." Medications included Cyclobenzaprine, Naproxen and Omeprazole. Diagnostics included MRI done on 09-17-2015 and documented by the treating physician in the 09-21-2015 note as: "Negative MRI of the right wrist." Prior treatments included medications. Medical record review does not indicate prior chiropractic treatment. Objective findings (09-21-2015) included tenderness upon palpation with spastic activity of the right wrist and hand. Range of motion was restricted. The treatment plan included chiropractic therapy twice a week for four weeks to improve ranges of motion, to reduce pain and for strengthening of the right wrist and hand. On 09-30-2015 the request for chiropractic two times a week for four weeks and functional capacity evaluation was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions two (2) times a week for four (4) weeks: Upheld

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

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

Decision rationale: The patient presents with pain affecting the right wrist. The current request is for Chiropractic sessions two (2) times a week four (4) weeks. The treating physician report dated 9/21/15 (27B) notes that the patient presents with pain in the right wrist and hand that radiates to the forearm. The MTUS guidelines do not recommend manual manipulation of the wrist. The current request does not satisfy the MTUS guidelines. The current request is not medically necessary.

Functional Capacity Evaluation (FCE) per 9/21/2015 report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed. (2004), Independent Medical Examinations and Consultations, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 137.

Decision rationale: The patient presents with pain affecting the right wrist. The current request is for Functional Capacity Evaluation (FCE) per 9/21/2015 report. The treating physician report dated 9/21/15 (27B) provides no rationale for the current request. ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why an FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Furthermore, there is no documentation that the patient desires to go back to work and is restricted by an employer. Additionally, there is no documentation in the medical reports provided that the patient is going through a work hardening program and requires an FCE. The current request is not medically necessary.