

Case Number:	CM15-0201973		
Date Assigned:	10/16/2015	Date of Injury:	11/02/2014
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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 37 year old female, who sustained an industrial injury on November 2, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having left 4th finger PIP joint sprain, left shoulder sprain with impingement, left chest contusion and strain, headaches and cervical sprain and strain. Treatment to date has included diagnostic studies, therapy and medication. On May 15, 2015, notes stated that the injured worker had only completed two hand therapy visits because it caused too much pain. On September 18, 2015, the injured worker complained of headaches and continued pain to her neck, left shoulder and chest area. She noted that her chest symptoms were the least problematic. Her left 4th finger continued to be painful, which limited grasping and flexion. She rated her pain as a 4-7 on a 1-10 pain scale. Physical examination revealed mild tenderness of the medial aspect of PIP joint of the left 5th finger with limited PIP flexion and apparent mild swelling. The treatment plan included therapy for the shoulder and headaches, neurology consultation, follow-up with a hand surgeon, psychiatric consultation, six sessions of chiropractic therapy and a follow-up visit. The PTP requested an initial trial of chiropractic care to the left hand and chest. On October 6, 2015, utilization review denied a request for six chiropractic sessions to the chest and six chiropractic sessions to the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 sessions to the chest: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and 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 has suffered industrial injuries to her neck, shoulder, left finger (4th PIP) and chest. The patient has received chiropractic care for her industrial injuries in the past but has not received any chiropractic care to the left finger and hand and chest. 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. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions but is silent on the chest as a particular body region. The treating chiropractor has not documented exam findings for the chest contusion suffered by the patient. There is no documentation as to what treatment goals are to be achieved with chiropractic care to the chest. Chiropractic treatment to the chest is not addressed by The MTUS. I find that the 6 chiropractic sessions requested to the chest to not be medically necessary and appropriate.

Chiropractic sessions times 6 to the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Forearm and Hand/Manipulation.

Decision rationale: The patient has suffered industrial injuries to her neck, shoulder, left finger (4th PIP) and chest. The patient has received chiropractic care for her industrial injuries in the past but has not received any chiropractic care to the left finger and hand. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions. The MTUS and The ODG Wrist, Forearm and Hand Chapter do not recommend manipulation for the hand. I find that the 6 chiropractic sessions requested to the left hand to not be medically necessary and appropriate.