

Case Number:	CM15-0206323		
Date Assigned:	10/23/2015	Date of Injury:	09/22/2011
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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 54 year old male who sustained an industrial injury on 09-22-2011. A review of the medical records indicated that the injured worker is undergoing treatment for closed carpal fracture and injury to the ulnar nerve. The injured worker is status post excision of a ganglion cyst of the right dorsal wrist, extensor tenosynovectomy, fourth extensor compartment and capsulotomy of the dorsal wrist capsule on 11-05-2014. According to the treating physician's progress report on 04-23-2015, the injured worker continues to experience worsening right hand symptoms with restricted range of motion and weakness. The injured worker reported a door at work sprang open hitting his right hand recently causing inflammation. Examination demonstrated a well healed incision with moderate edema about the dorsal aspect of the right hand. Range of motion was restricted in flexion and extension of the wrist. There was pain on palpation of the joint line with weakness in strength of the right hand. Prior treatments have included diagnostic testing, surgery, physical therapy and medications. Current medications were listed as Hydrocodone, Carisoprodol, Ketoprofen, Omeprazole and Capsaicin cream. Treatment plan consists of continuing medication regimen, short course of hand therapy; remain off work and the current request for chiropractic therapy 3 times a week for 4 weeks for the right wrist. On 09-28-2015 the Utilization Review determined the request for chiropractic therapy 3 times a week for 4 weeks for the right wrist was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times 4 weeks for the right wrist: 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 claimant presented with chronic pain in the right wrist. Previous treatments include medications, physical therapy, and surgery. There is no history of chiropractic treatments. According to the evidences based MTUS guidelines, chiropractic treatment is not recommended for the wrist and carpal tunnel syndromes. Therefore, the request for 12 chiropractic visits for the right wrist is not medically necessary.