

Case Number:	CM15-0027346		
Date Assigned:	03/19/2015	Date of Injury:	03/21/2014
Decision Date:	04/17/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 52-year-old who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of March 21, 2014. In a utilization review report dated January 21, 2015, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy while conditionally denying Motrin. The claims administrator referenced an RFA form received on January 9, 2015 in its determination, along with a progress note of December 18, 2014. The applicant's attorney subsequently appealed. On March 21, 2014, the applicant had apparently undergone several surgical procedures to ameliorate factors of the ring and index finger, along with an extensor tendon repair involving the same. The applicant did go on to receive chiropractic manipulative therapy on multiple occasions in early 2015, including in a handwritten February 5, 2015 progress note. On that date, the attending provider suggested that the applicant follow up with a hand surgeon owing to residual issues with hand pain, and specifically, the note was extremely difficult to follow, not entirely legible, and comprised almost entirely of preprinted check boxes. An additional 12 sessions of chiropractic manipulative therapy were endorsed on February 15, 2015 for the finger and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic therapy treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: 1. No, the request for 12 additional sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The request in question did represent a request for a chiropractic manipulative therapy for the hand, wrist, and finger, the treating provider stated on February 5, 2015 through preprinted check boxes. However, page 58 of the MTUS Chronic Pain Medical Treatment Guidelines notes that chiropractic manipulative therapy is not recommended for issues involving the forearm, wrist, and hand, i.e., the primary pain generators here. It is further noted that the applicant has already received earlier chiropractic manipulative therapy for the finger, hand, and wrist, despite the unfavorable MTUS position on the same. The applicant has, moreover, failed to profit from said chiropractic manipulative therapy. The applicant seemingly remained off of work despite receipt of earlier manipulative treatments involving the wrist, hand, and finger. The applicant was asked to follow up with hand surgery, again suggesting that the earlier manipulative treatment was, in fact, unsuccessful in terms of the functional improvement parameters established in MTUS 9792.20(f). Therefore, the request was not medically necessary.