

Case Number:	CM15-0214272		
Date Assigned:	11/04/2015	Date of Injury:	02/24/2015
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/30/2015

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 67 year old male, who sustained an industrial-work injury on 2-24-15. A review of the medical records indicates that the injured worker is undergoing treatment for right wrist strain and sprain rule out triangular fibrocartilage complex (TFCC) tear status post fracture of right hand digits middle and ring fingers. Medical records dated 4-21-15 indicate that the injured worker complains of burning right wrist pain with numbness and tingling in the hands and fingers. He is status post fracture of the digits of the right hand with residual sharp stabbing pain. The pain is aggravated by gripping, grasping reaching, and pulling. Per the treating physician report dated 9-9-15 work status is temporary total disability. The physical exam dated 4-21-15 reveals that the right wrist and hand exam shows tenderness to palpation, decreased range of motion, triangular fibrocartilage complex (TFCC) load test is positive, he is unable to make a fist with the right hand and the range of motion is decreased in all digits. The medical records dated 9-9-15 indicate the right wrist exam remains unchanged. Treatment to date has included pain medication Norco, Fexmid, physical therapy at least 12 sessions, diagnostics, off work, activity modifications and other modalities. The request for authorization date was 9-9-15 and requested service included Chiropractic manipulation 2 times a week for 6 weeks, right wrist. The original Utilization review dated 10-19-15 non-certified the request for Chiropractic manipulation 2 times a week for 6 weeks, right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation 2 times a week for 6 weeks, 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Forearm and Hand/Manipulation.

Decision rationale: The patient has not received chiropractic care for his right wrist injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Wrist, Forearm and Hand Chapter do not recommend manipulation for the wrist. There no guidelines that support manipulation for the wrist. I find that the 12 initial chiropractic sessions requested to the right wrist are not medically necessary and appropriate.