

Case Number:	CM15-0221083		
Date Assigned:	11/16/2015	Date of Injury:	01/27/2014
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/10/2015

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 58 year old male, who sustained an industrial-work injury on 1-27-14. The injured worker was diagnosed as having left hand and thumb overuse syndrome. Treatment to date has included medication, 6 physical therapy sessions, 12 approved; 8 acupuncture sessions, and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 12-8-14 that was normal. Currently, the injured worker complains of persistent moderate pain in the bilateral wrists and hands, left rated 7-8 out of 10 and right 5-6 out of 10, with muscle spasms, numbness, and tingling in all the fingers of the left hand, decreased gripping and grasping. Per the primary physician's progress report (PR-2) on 10-19-15, exam noted left hand tenderness with associated spastic activity, restricted range of motion in all planes with pain and swelling at the left hand. The right hand and wrist range of motion is limited in all planes with pain. The Request for Authorization requested service to include initial trial of Chiropractic 2x6 (12 sessions) to left hand/thumb. The Utilization Review on 10-29-15 denied the request for Chiropractic 2x6 (12 sessions) to left hand/thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6 (12 sessions) to left hand/thumb: 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 left hand and thumb 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 hand, wrist and fingers. I find that the 12 initial chiropractic sessions requested to left hand and thumb not medically necessary or appropriate.