

Case Number:	CM15-0056400		
Date Assigned:	04/01/2015	Date of Injury:	03/18/2014
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/24/2015

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 28 year old male patient who sustained an industrial injury on 03/18/2014. The oldest medical record provided was dated 09/09/2014, and only showed partial page of the report. The diagnosis was wrist pain. A primary treating visit dated 10/24/2014 reported the patient demanding chiropractic treatment. He had been evaluated by physical therapy and did not feel it was appropriate. The patient states having seen an outside chiropractor with good benefit and wants to attend more sessions. His primary complaint is forearm pain. The plan of care involved referral for evaluation by physiatrist, and return to regular work duty. The most recent medical document provided was dated 02/26/2015, and reported chief complaint of bilateral elbow, wrist and hand pain. Of note, the patient was declared permanent and stationary and returned to regular work duty. Recently, he has had some discomfort while using a keyboard, and mouse. He mentioned trying not to utilize pain medications. He was diagnosed with bilateral elbow and wrist strain. The plan of care involved suggesting to continue with regular work duty by using occasional pain medication. The patient is interested in chiropractic session as he had prior treatment with some positive benefit. Current prescribed medications include Naproxen, Tizanidine, Prilosec, and Tylenol with Codeine. Follow up as needed. The PTP is requesting 6 additional sessions of chiropractic care to the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 3wks Bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Wrist, Forearm and Hand Chapter, Manipulation Section.

Decision rationale: The patient has received prior chiropractic care for his wrist injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. However, the ODG Wrist, Forearm and Hand Chapter and The MTUS Chronic Pain Medical Treatment Guidelines do not recommend manipulation for the wrists. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. Additional care would be warranted at least with evidence of functional improvement. The Guidelines cited do not recommend manipulation for the wrists. I find that the 6 additional chiropractic sessions requested to the bilateral wrists to not be medically necessary and appropriate.