

Case Number:	CM15-0063047		
Date Assigned:	04/08/2015	Date of Injury:	08/20/2013
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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, Oriental 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 54-year-old female injured worker suffered an industrial injury on 08/20/2013. The diagnoses included synovitis and tenosynovitis of the hand and articular cartilage disorder. The injured worker had been treated with chiropractic therapy. On 2/27/2015, the treating provider reported residual pain after right carpal tunnel release. The pain is intermittent and rated as 5/10 with complaints of weakness, numbness and tingling of the hand and fingers. There is tenderness of the wrist with decreased range of motion. The treatment plan included Additional Chiropractic Treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatments 2 x 6 weeks, Right hand/ Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 3/26/15 denied the request for additional Chiropractic care to the patient's wrist/hand citing CAMTUS Chronic Treatment Guidelines. The reviewed PR-2 requesting additional Chiropractic care, 12 sessions failed to report residual extremity deficits that would require continued manipulative treatment. The reviewed records did not establish the medical necessity for continuing manipulative therapy to the wrist/hand given the lack of residual deficits necessitating care; care was not supported by referenced CA MTUS Chronic Treatment Guidelines. The request is not medically necessary.