MAXIMUS Federal Services

Case Number:	CM15-0086560		
Date Assigned:	05/08/2015	Date of Injury:	10/17/2014
Decision Date:	06/23/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/05/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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:

This is a 57 year old female with an October 17, 2014 date of injury due to cumulative trauma. Current diagnoses include right wrist arthralgia, bilateral hand pain rule out osteoarthritis, bilateral thumb pain rule out De Quervain's tenosynovitis, and bilateral foot pain rule out plantar fasciitis. Treatment to date has included over the counter medications. A progress note dated March 16, 2015 documents right wrist pain rated at a level of 6/10, left finger pain rated at a level of 6/10, bilateral foot pain rated at a level of 7/10, tension, sleeplessness, and poor concentration. Physical examination showed normal gait, normal range of motion of the wrists, digits and ankles, tenderness to palpation of the right carpal bones, tenderness to palpation on the metacarpophalangeal joint of the bilateral thumbs and second through fifth digits bilaterally, and tenderness to palpation on the right medial ankle and bilateral plantar ligament. The treating physician documented a plan of care that included chiropractic treatment, hot and cold packs, and x-rays of the bilateral hands, wrists, and right ankle. Work status was temporarily totally disabled. On 5/4/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the bilateral hands, bilateral wrists, and right ankle, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60, Postsurgical Treatment Guidelines.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Per the MTUS, chiropractic manipulation is not recommended for the Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee. As manipulation to the ankle and wrist are not recommended by the guidelines, the request for Chiropractic for the bilateral hands, bilateral wrists, and right ankle, twice a week for six weeks is not medically necessary.

Hot and Cold Pack/Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 48, 264-265, 271, 362, 369-370. Decision based on Non-MTUS Citation ODG forearm, wrist, and hand chapter.

Decision rationale: Both the MTUS and ODG recommend at-home local applications of cold packs in the first few days of acute complaint and thereafter applications of heat packs or cold packs. There is no recommendation for any specific device in order to accomplish this. There was lack of documentation to indicate the frequency of use of the item, and no end point to use was specified. In addition, there was no documentation as to why at-home application of hot or cold packs would be insufficient. For these reasons, the request for hot/cold pack/wrap is not medically necessary.

X-Ray of Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The ACOEM states that for most patients with hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Radiographs may be obtained for acute injury with suspicion of fracture. Imaging studies may be warranted if the history and examination suggest specific disorders, such as infection. In this case, there was no documentation of conservative care for hand pain. There was no discussion of suspicion of fracture or infection, and the injury was not acute. Due to lack of specific indication, the request for x-ray of the right hand is not medically necessary.

X-Ray of Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The ACOEM states that for most patients with hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Radiographs may be obtained for acute injury with suspicion of fracture. Imaging studies may be warranted if the history and examination suggest specific disorders, such as infection. In this case, there was no documentation of conservative care for hand pain. There was no discussion of suspicion of fracture or infection, and the injury was not acute. Due to lack of specific indication, the request for x-ray of the left hand is not medically necessary.

X-Ray of right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: The ACOEM states that patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottowa Criteria are met. Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising, if the patient's age exceeds 55 years, if the injury is high velocity, if there is multiple injury or obvious dislocation/subluxation, or inability to bear weight for more than four steps. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Point tenderness over the bone may indicate a stress fracture and a radiograph or bone scan may be ordered. In this case, the injury was not acute. There was no documentation of limitations of activity, effusion, localized pain, or point tenderness over bone. Due to lack of specific indication, the request for x-ray of the right ankle is not medically necessary.