MAXIMUS Federal Services

Case Number:	CM15-0089303		
Date Assigned:	05/13/2015	Date of Injury:	09/18/2014
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/07/2015

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, Minnesota
Certification(s)/Specialty: Chiropractor

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 54 year old female, who sustained an industrial injury on 9/18/14. She has reported initial complaints of right side of the chest, right wrist and groin injury after she was assaulted and punched by a student that she was trying to refrain from assaulting another student. The diagnoses have included right wrist sprain/strain and hand pain, chest pain and right groin pain. Treatment to date has included medications, diagnostics, right wrist brace, activity modifications, and 5-6 sessions of physical therapy. Currently, as per the Doctor's First Report dated 3/19/15, the injured worker complains of numbness in the right wrist and hand, stress, anxiety and difficulty sleeping. The physical exam reveals the right wrist has tenderness to palpation over the flexor greater than the extensor tendons. The range of motion of the right wrist is decreased and reveals that flexion is 42 degrees, extension is 42 degrees, radial deviation is 16 degrees and ulnar deviation is 22 degrees. The right grip strength is decreased and measured as follows 20/22/20 kilograms. The current medication included Naproxen. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the right upper extremity which was abnormal and reveals evidence of moderate right median neuropathy. There was also X-ray and Magnetic Resonance Imaging (MRI) of the right hand/wrist done but there are no reports noted in the records. The physician requested treatment included Chiropractic Services with Exercises, Modalities, Manipulation and Myofascial Release in House 3 Times a Week for 4 Weeks for the Right Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Services with Exercises, Modalities, Manipulation and Myofascial Release in House 3 Times a Week for 4 Weeks Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Manipulation of the wrist is not recommended by the above guidelines. The doctor has requested Chiropractic services to include manipulation 3 times per week for 4 weeks or 12 visits for the right wrist. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.