

Case Number:	CM14-0115268		
Date Assigned:	09/16/2014	Date of Injury:	09/25/2013
Decision Date:	11/14/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 56 year old male with chronic right wrist and forearm pain, date of injury is 09/25/2013. Previous treatments include surgery, H-wave, occupational hand therapy, home exercises, medications, acupuncture. There is no medical report pertaining to this request for chiropractic treatment. The most recent report dated 03/15/2014 by the treating acupuncturist revealed patient complaints of frequent right shoulder pain that extended to right hand, 8-9/10 on pain scale, lifting, pulling, and reaching overhead aggravate the pain, medications relieve the pain temporarily. Frequent right hand and wrist pain that extends up the arm, 8-9/10, gripping and pulling aggravate the pain, medications relieve the pain temporarily. Examination revealed +2 tenderness over lateral and posterior aspect of right deltoid muscle, +1 tenderness over anterior aspect of right deltoid muscle, +1 tenderness over right upper trapezius muscle, +1 tenderness over lateral aspect of right upper arm, +2 tenderness over dorsal and palmar aspect of right wrist, decreased right wrist AROM in all planes. Diagnoses include status post surgery right wrist/forearm fracture, right shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Treatment to the right wrist/ forearm and right shoulder for 18 sessions, 3 ties a week for 6 weeks: Upheld

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

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

Decision rationale: The claimant presents with right shoulder, wrist and hand pain, status post surgical treatment of right wrist/forearm fracture. The claimant has had 12 occupational hand therapy treatment post surgical treatment. Current CA MTUS guideline do not recommend chiropractic treatment for the wrist and forearm; therefore, the request for 18 chiropractic treatment for the right wrist/forearm and right shoulder is not medically necessary.