

Case Number:	CM14-0125099		
Date Assigned:	09/25/2014	Date of Injury:	03/19/2013
Decision Date:	10/27/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/07/2014

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 61 year old female with chronic left wrist pain, left hand/forearm pain, and low back pain, date of injury is 03/19/2013. Previous treatments include medications, physical therapy, home exercises, left wrist surgery. Doctor's first report dated 7/8/2014 by the treating doctor revealed patient with complains of left wrist pain and numbness to the left hand/forearm, with recent flare up, low back pain and left big toe pain. Lumbar spine examination noted tenderness to palpation over paravertebral muscles and lumbosacral junction, slight paraspinal muscle guarding, SLR test increased low back pain, ROM decreased. Left elbow exam is normal. Left wrist exam noted tenderness to palpation over the dorsal capsule, radiocarpal joint, ulnar styloid and flexor tendon and muscle group of the wrist and distal forearm, slightly positive Finkelstein's. Gross motor testing of the major muscle group of the bilateral upper and left lower extremities revealed weakness. Diagnoses include status post open reduction/internal fixation, left distal radius fracture with left wrist tendinitis and deQuervain's tenosynovitis, lumbar sp/st, and status post comminute distal phalanx fracture of left great toe.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Services with Exercises, Modalities, Manipulation & Myofascial Release:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic- Low Back.

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

Decision rationale: On 07/08/2014, there is a request for 8 chiropractic services with modalities and exercise directed to the left wrist and low back for 2 times a week for 4 weeks that was authorized on 07/16/2014. Apparently there is an additional request for 8 chiropractic services with exercises, modalities, manipulation and myofascial release on 07/16/2014. While CA MTUS guideline do not recommend chiropractic treatment for the wrist, the request for additional visits also exceeded the guideline recommendation. Therefore, it is not medically necessary.