

Case Number:	CM14-0129610		
Date Assigned:	08/20/2014	Date of Injury:	05/23/2014
Decision Date:	10/21/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 35-year-old female patient with complaints of right arm burn/pain and hand with numbness. Date of injury is 05/23/2014. Previous treatments include medications and dressing. Treating doctor first report dated 06/18/2014 revealed patient with right forearm burn, right hand/finger numbness occasionally. Physical exam noted visible skin burn 2nd degree on the medial forearm, hypoesthesia to medial forearm, right hand and fingers, tenderness to the right hand with range of motion (ROM) pain, tenderness to the right palm and wrist region with ROM pain. Diagnoses include right forearm 2nd degree burn, paresthesia right forearm, right wrist sprain/strain, and right thumb sprain/strain. The patient is on temporary total disability. Progress report dated 06/16/2014 noted the patient improved but slow, right forearm burn appeared to be resolving, pain and discomfort persisted; the patient is working with limited use of right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 time a week for 4 weeks, right arm/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (updated 02/18/14)

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

Decision rationale: The patient presents with a burn injury to her right forearm that is slowly resolving with medication. There is no indication of musculoskeletal conditions involved. In addition to that, the California MTUS guidelines do not recommend chiropractic manipulation for forearm, wrist and hand. Therefore, the request for 12 chiropractic treatments for this patient's right arm and hand is not medically necessary.