

Case Number:	CM14-0132434		
Date Assigned:	08/22/2014	Date of Injury:	01/15/2013
Decision Date:	09/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/19/2014

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 Board Certified in Internal Medicine and Pulmonary Diseases, 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:

The injured worker is a 54 year old male who reported injury on 01/15/2013. The mechanism of injury was not specified. The diagnoses included a right index trigger finger and right long trigger finger. His past treatments included a home exercise program. The injured worker's surgical history included tenosynovectomy and tenolysis, trigger release left 2nd digit on 03/18/2014 and a right trigger finger injection on 01/30/2014. On 02/10/2014 the injured worker complained of severe, constant, sharp pain in the right ring finger with weakness. The physical examination included the right finger had decreased range of motion and the left index finger had decreased range of motion. The treatment plan was to continue with a home exercise program, stretching, putty, paraffin for both hands and to proceed with right index trigger release on 03/12/2014 to help relieve the pain associated with his trigger fingers. The rationale for the request and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Sessions of Chiropractic Services with Exercises, Modalities, Manipulation, And Myofascial Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for 2 sessions of chiropractic services with exercises, modalities, manipulation and myofascial release is not medically necessary. The injured worker has a history of right index trigger finger and right long trigger finger. The California MTUS guidelines state manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The injured worker however complained of severe, constant, sharp pain in the right ring finger with weakness, while guidelines state manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion, this treatment is specifically not recommended for the forearm, wrist and hand. Therefore the request is not supported. As such, the request for 2 sessions of chiropractic services with exercises, modalities, manipulation and myofascial release is not medically necessary.