MAXIMUS Federal Services

Case Number:	CM14-0136481		
Date Assigned:	09/03/2014	Date of Injury:	08/22/2013
Decision Date:	10/23/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/25/2014

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 a licensed Chiropractor 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 57 year old male patient with chronic wrists pain and left foot/toe pain, date of injury is 08/23/2013. Previous treatments include medications, shockwave therapy, physical therapy, acupuncture. Progress report dated 05/21/2014 by the treating doctor revealed patient complains of dull, achy right wrist and sharp, stabbing left wrist pain and muscle spasm, his pain described as constant, moderate to severe, right wrist pain is rated 7/10 and left wrist 6-7/10, pain is aggravated by gripping, grasping, reaching, pulling and lifting, he also complains of weakness, numbness, and tingling of the hand and fingers. The patient also complains of sharp, stabbing pain at the left foot and great toe, his pain described as intermittent to constant, moderate to severe, 6/10 on pain scale. Exam of bilateral hand/finger noted tenderness to palpation at the carpal tunnel and the first dorsal extensor muscle compartment, also tenderness at bilateral interphalangeal joints and triangular fibrocartilage complex (TFCC) on the left wrist, ROM (range of motion) in bilateral wrists is decreased, positive Tinel's' on the right, positive Finkelstein on the left and positive Phalen's bilaterally, pinprick and light touch slightly diminished over the C5 to T1 dermatomes in both upper extremities, motor strength is 4/5 in all upper extremities. Left foot/toe exam noted tenderness to palpation at the head of the great toe and over the left foot, motor strength is 4/5 in all lower extremities. Diagnoses include left wrist joint effusion, left wrist TFCC tear, right wrist chondromalacia, right wrist osteoarthritis, left wrist radial styloid tenosynovitis, status post left crush injury of fingers, arthritis of the MTP (Metatarsophalangeal) joint, left foot bursitis and left foot joint effusions. The patient is considered temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times a week for 6 weeks for the left and right wrists, left foot/toe: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

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

Decision rationale: The patient presents with ongoing pain in his wrists and left foot/toe. The patient has had conservative therapies including medications, acupuncture, shockwave therapy and physical therapy with no improvement. Chiropractic therapy is being request for 3 times a week for 6 weeks to treat his wrists and left foot/toe injuries. However, CA MTUS guidelines do not recommend chiropractic treatment for the foot/ankle and wrists. Therefore, it is not medically necessary.