

Case Number:	CM14-0149077		
Date Assigned:	09/18/2014	Date of Injury:	12/24/2013
Decision Date:	11/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 care 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 33 year old female with chronic left wrist and hand pain, date of injury 12/24/2013. Previous treatments include medications, occupational hand therapy, and thumb Spica splint. Primary treating doctor initial report dated 04/18/2014 revealed patient with complaint of constant sharp pain in the left wrist and hand, pain level varies throughout the day with 7/10 on pain scale, associated weakness in the left hand, pain is worse with repetitive lifting/carrying and repetitive hand/arm movements. Exam of the wrist/hand reveals some swelling involving the palmar surface of her left hand particularly at the base of the left thenar prominence, pain with opposition of the left thumb, positive Finkelstein's test involving the left thumb, ROM notes decreased left radial deviation and left ulnar deviation with pain in all planes, left thumb pain increased with ROM. Progress report dated 07/24/2014 by the treating doctor did not document any subjective and objective findings. Diagnoses include left hand arthropathy, left wrist/hand tenosynovitis. The patient is on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week for six weeks for the Left Hand/Thumb: Upheld

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

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

Decision rationale: The claimant presents with ongoing left wrist and hand pain despite previous treatment with medications and occupational therapy. Wrist splint, acupuncture and chiropractic are currently requested for treatment of her left hand/thumb. CA MTUS guidelines, however, do not recommend chiropractic treatment for the wrist and hand. Therefore, the request for chiropractic treatment 2 times a week for 6 weeks for the left hand/thumb is not medically necessary.