

Case Number:	CM14-0159792		
Date Assigned:	10/03/2014	Date of Injury:	05/08/2014
Decision Date:	12/15/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

The claimant is a 38-year-old female who was involved in a work injury on 5/8/2014 in which she injured her left hand as a result of picking broccoli. The injury was described as the claimant the claimant "sustained injuries to the left hand by pulling her muscle. The patient states that with the right hand she cuts the broccoli and with the left hand she pulls the broccoli out of the ground, and that is when she pulled her muscle from her hand." The claimant began a course of physical therapy and acupuncture. On 6/5/2014 the claimant underwent an initial evaluation with [REDACTED] for complaints of left hand and wrist pain with pain radiating to the left upper back at 8-9/10 on the visual analogue scale. The recommendation was for a course of acupuncture and chiropractic treatment. The claimant underwent a course of acupuncture from 6/11/2014 through 9/11/2014. On 7/17/2014 [REDACTED] associate, [REDACTED] evaluated the claimant for complaints of neck pain, left shoulder pain, left elbow pain, left wrist pain, left hand pain, and left fingers pain. The claimant was diagnosed with rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, left shoulder pain, left elbow dysfunction, and left hand sprain/strain. The recommendation was for acupuncture and chiropractic treatment at 2 times per week for 6 weeks. The claimant was evaluated by [REDACTED] associate, [REDACTED] on 8/21/2014. At that time the claimant complained of lower back pain and left elbow, wrist, and finger pain. The recommendation was for additional chiropractic treatment at one time per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks for the left hand and left shoulder, QTY: 12:
Upheld

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

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

Decision rationale: The request was for chiropractic manipulation at 2 times per week for 6 weeks for the left shoulder, left elbow, and left hand. Medical treatment utilization schedule guideline, page 58, indicates that manipulation for hand/wrist, elbow and shoulder complaints is not supported. There is no indication of any significant clinical findings that would suggest that this claimant is an outlier to this guideline. Therefore, the medical necessity for the requested 12 chiropractic treatments for the left hand and left shoulder is not established.