MAXIMUS Federal Services

Case Number:	CM14-0161885		
Date Assigned:	10/07/2014	Date of Injury:	04/21/2014
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 44 year old female with left hand crush injury, left upper extremity neuropathy, left shoulder pain and low back pain, date of injury is 04/21/2014. Previous treatments include medications, physical therapy for the left hand, acupuncture, chiropractic. Progress report dated 04/24/2014 by the treating doctor revealed patient's injury is 95% better, little ache in left hand, no swelling, patient is currently working regular job duties, no new symptoms, and the patient released from care without ratable disability or need for future medical care. Progress report dated 04/26/2014 revealed the patient stated the left hand is back to normal but she has developed progressive mid back pain Progress report dated 08/11/2014 by the current treating doctor revealed the patient with complains of on and off shoulder pain which is rated as mild to occasionally moderate, pain radiates to the upper back, numbness and tingling sensation, pain increase when lifting and when it is cold, decreased with medications; on and off left hand pain which is rated as mild to occasionally moderate, numbness and tingling sensation, pain increased when grabbing and grasping, decreased with medications; constant lower back pain, mild to occasionally moderate, pain radiates through the entire back, pain increased when bending and changing mechanism and decrease with medications. The patient states that therapy and acupuncture helps decreased her pain temporarily. Physical examination revealed tenderness to palpation with spasms of the lumbar paraspinals bilaterally and left quadratus lumborum muscles, left SI tender to palpation, decreased ROM secondary to pain, positive sitting Root Test; left shoulder tender to palpation with spasm of the left upper trapezius, left AC joint and glenohumeral joint tender to palpation, decreased ROM secondary to pain, positive Impingement, Apprehension and Empty can test; left carpal bones and wrist joint tender to palpation, full ROM with pain at end ranges, positive Phalen's Test. Diagnoses include left hand crush injury, left upper extremity neuropathy, left

shoulder sp/st, clinical impingement, lumbar spine sp/st with myospasms. The patient is recommended to return to work on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic treatments with physiotherapy supervised physiotherapy for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: According to the available medical records, the claimants wrist injury has been resolved and the patient has been released from care with no future medical care anticipated, per progress report on 04/24/2014. However, the claimant continued to exhibit multiple and progressive symptoms that include left upper extremity neuropathy, left shoulder impingement syndromes and lumbar sp/st with myospasm. She, then, continued with more treatments that include chiropractic with physiotherapy, acupuncture and medications. While chiropractic treatment is not recommended for the wrist and hand, the claimant has completed 11 visits with no evidence of objective functional improvement. Therefore, additional chiropractic treatments are not medically necessary.