

Case Number:	CM14-0162291		
Date Assigned:	10/07/2014	Date of Injury:	03/18/2011
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
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:

The injured worker is a 33 year old female who reported right wrist pain from injury sustained on 03/18/11 while installing a tire. MRI of the right wrist dated 2013 revealed strain of scapholunate ligament and subchondral bone cyst. Patient is diagnosed with right wrist scapholunate ligament strain and status post synovectomy. Patient has been treated with medication, wrist arthroscopy, and physical therapy. Per medical notes dated 03/18/14, she states her right hand and wrist pain is improving secondary to being off work. She continues to have pain with use; such as grasping objects, holding things and lifting things. Pain is rated at 7-9/10 without medication and 3-5/10 with medication. Per medical notes dated 07/01/14, patient complains of pain and swelling with numbness and tingling on her right ring finger and right small finger. She has some difficulty reaching at chest level; she has a lot of difficulty reaching overhead. Per notes, patient has reached maximum medical improvement. Per medical notes dated 09/16/14, she reports that she is having less burning pain and forearm tightness since going to massage therapy. She reports that she has a persistent pressure and feeling that her hand needs to pop. Pain is rated at 8-10/10 without medication and 5-6/10 with medication. Provider requested 6 Chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACT MANJ 1-2 REGIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiological range-of motion but not beyond the anatomic range-of-motion. Forearm, wrist, hand: Not recommended. Patient has not had prior Chiropractic treatment. Per medical notes dated 07/01/14, patient has reached maximum medical improvement. Per medical notes dated 09/16/14, she reports she is having less burning pain and forearm tightness since going to massage therapy. She reports that she has a persistent pressure and feeling that her hand has the need to pop. Provider requested 6 chiropractic treatments; however, MTUS guidelines do not recommend Chiropractic for hand/wrist or forearm pain. Per guidelines and review of medical records, 6 Chiropractic treatments are not medically necessary.