

Case Number:	CM14-0153002		
Date Assigned:	09/23/2014	Date of Injury:	06/06/2014
Decision Date:	01/02/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 42 year old male with chronic left wrist pain; date of injury is 06/06/2014. Previous treatments include chiropractic, physical therapy, home exercises, and medications. Progress report dated 09/08/2014 by the treating doctor revealed patient states that he feels better with given conservative treatment in his left wrist/hand, however, still symptomatic. Patient continues to have weakness in left hand, he drops objects more than 2-3 pounds, and he is able to use more of left hand and is able to wash his hair. Objective findings include loss of strength upon Jamar examination of left hand, decreased ROM of left carpal meta-carpal joint. Diagnoses include left wrist sp/st, loss of strength in left wrist, contusion of right tibial, abrasion of right mid-tibial and possible carpal tunnel syndrome. The patient remained on totally temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Visits for the left wrist: Upheld

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

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

Decision rationale: The claimant presented with ongoing pain in the left wrist and hand despite previous treatments with medications, physical therapy, and home exercise. Current evidences based MTUS guidelines do not recommend chiropractic treatments for wrist/hand and carpal tunnel syndromes. Therefore, the request for 6 Chiropractic Treatment for the left wrist is not medically necessary.