

Case Number:	CM14-0212814		
Date Assigned:	12/30/2014	Date of Injury:	05/18/2012
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 patient is a 36-year-old male with a date of injury of 5/18/2012. According to the progress report dated 11/17/2014, the patient complained of intermittent pain in the right shoulder and left hand. There was numbness and tingling. Lifting objects exacerbate his pain. Significant object findings include tenderness of the bilateral wrist and hands. Hypersensitivity was noted in the hands bilaterally. The patient was diagnosed with status post DeQuervain's release of the left wrist and possible complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic sessions: 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): 58-60.

Decision rationale: The MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective

functional improvement. The guidelines do not recommend chiropractic for the forearm, wrist, or hands. The provider requested chiropractic sessions for the left hand and wrist to improve range of motion, reduce pain, and for strengthening. Based on the guidelines, the provider's request for 8 chiropractic sessions is not medically necessary at this time.