

Case Number:	CM15-0012380		
Date Assigned:	01/29/2015	Date of Injury:	11/02/2014
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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 injured worker is a 47 year old female who sustained an industrial injury on 11/02/2014. The patient was reportedly operating a faulty steering column leading to injury. The current diagnoses include bilateral wrist tenosynovitis. Treatments to date include medical management, right shoulder surgery, activity modifications, and physical therapy. Report dated 12/22/2014 noted that the injured worker presented with complaints that included moderate pain in both hands, weakness, numbness, and tingling. Abnormal findings were noted on physical examination. The utilization review performed on 01/02/2015 non-certified a prescription for 8 chiropractic therapy sessions for the bilateral wrists based on guideline recommendations. The reviewer referenced ACOEM and Official Disability Guidelines in making this decision. No peer reviewed literature supporting the use of manipulation for injuries of the forearm, wrist or hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic therapy sessions for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Forearm, Wrist & Hand (Acute&Chronic), Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envir.

Decision rationale: The 12/22/2014 report from the treating physician noted that the injured worker presented with complaints that included moderate pain in both hands, weakness, numbness, and tingling. Abnormal findings included evidence of palpable tenderness in several regions of the hands/fingers to include the CMC joint of the ring finger and thumb and interphalangeal joint of the thumb and distal radial ulnar joint bilaterally. The UR determination of 1/2/15 acknowledged the presence of upper extremity examination deficits but opined that based on CAMTUS/ODG Treatment Guidelines, manipulation of the hands/wrists was not recommended leading to denial of requested care. The determination to non-certify 8 Chiropractic visits was appropriate and supported by referenced CAMTUS Chronic Treatment Guidelines.