

Case Number:	CM15-0110651		
Date Assigned:	06/17/2015	Date of Injury:	05/26/2013
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 61 year old female who sustained an industrial injury on 05/26/2013. Current diagnoses include right hand/wrist tenosynovitis, lumbar spine sprain/strain with radicular complaints, and right knee strain/contusion. Previous treatments included medication management, and physical therapy. Initial injuries included right hand, right knee, and low back. Report dated 04/23/2015 noted that the injured worker presented with complaints that included right hand pain, low back pain with radiation of numbness and tingling, and right knee pain. Pain level was not included. Physical examination was positive for abnormalities in the right wrist/hand, lumbosacral spine, and right knee. The treatment plan included requests for chiropractic treatment and x-ray of the right hand, requests for all prior medical records, and prescriptions for Prilosec, Flexeril, and Celebrex. Disputed treatments include chiropractic treatment for the right hand and an x-ray of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment right hand 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic to the right hand two times per week times four weeks not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. The forearm, wrist and hand section not recommend chiropractic manipulation for patients with pain in the hand, wrist or forearm. In this case, the injured worker's working diagnoses are right hand/wrist tenosynovitis; lumbar spine sprain strain with radiculopathy; and right knee sprain/contusion. The utilization review indicates injured worker had physical therapy. Chiropractic manipulation is not recommended to the forearm, wrist and hand. Consequently, absent guideline recommendations for chiropractic manipulation to the forearm, wrist and hand, chiropractic to the right hand two times per week times four weeks is not medically necessary.

X-ray right hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray of the right hand is not medically necessary. X-rays are indicated for most patients with known or suspected trauma of the hand, wrist or both. The conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. The indications for radiographic imaging are enumerated in the Official Disability Guidelines. See the guidelines for details. In this case, the injured worker's working diagnoses are right hand/wrist tenosynovitis; lumbar spine sprain strain with radiculopathy; and right knee sprain/contusion. The treating provider solely injured worker in an initial evaluation on April 23, 2015. A request was made for the medical records. X-ray evaluation of the right hand prior to evaluating the medical records is premature because prior x-rays of the right hand may have been requested and performed. According to a qualified medical examination (QME), an x-ray of the right hand was, in fact, performed August 23, 2014. The x-ray showed moderate degenerative changes at the right first metacarpal carpal joint. Objectively, according to the April 23, 2015 progress note (request for authorization is dated May 4, 2015), there was tenderness over the thenar eminence. Range of motion was normal. Consequently, absent compelling clinical documentation to repeat the x-ray of the right hand when an x-ray of the right hand was performed August 23, 2014 with the result within the body of the qualified medical examination (QME) and minimal clinical findings objectively on physical examination with pending medical records for review, x-ray of the right hand is not medically necessary.