

Case Number:	CM15-0111461		
Date Assigned:	06/17/2015	Date of Injury:	09/12/2013
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
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
 Certification(s)/Specialty: Chiropractic

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 35 year old female who sustained an industrial injury on 9/12/13. Diagnoses are contusion of right wrist/hand and sprain/strain shoulder. A 5/21/15 primary treating physician report notes subjective complaints of constant pain to the right hand, radiating to right shoulder and neck with complaints of occasional burning sensation felt in the right hand. She is requesting chiropractic therapy as that has helped her with her symptoms before. Pain is rated at 4 out of 10. Medications are Ambien, Motrin and Voltaren. Objective exam notes some discoloration and the right hand with swelling, and hypersensitivity. Assessment is probable chronic regional pain syndrome - neuropathic pain. Neuropathic medications were stopped because of side effects. She takes Motrin as needed for pain, Ambien 1-2 times per week, and Voltaren Gel on her hands periodically 2-3 times per week. She does not use braces. On 12/26/13, an MRI of the cervical spine indicated at C4-5 a 2-3 mm left greater than right posterolateral disc bulging without impingement and mild, less than 2 mm posterior disc bulging at levels C5-6 and C6-7 that does not impinge, and a negative exam of the cervical spine at the other levels evaluated. Prior treatment includes Celebrex, Ambien, Motrin, Voltaren, Lyrica, Neurontin, physical therapy since 12/2013, and transcutaneous electrical nerve stimulation. Work status is noted as return to full duty. The requested treatment is additional chiropractic treatment, 3 times a week for 4 weeks to the right hand/upper extremity for a quantity of 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 3 times a week for 4 weeks, to the right hand/right upper extremity
QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for her upper extremity injury injury in the past. The past chiropractic treatment notes are not present in the materials provided for review. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the PTP's treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. Without the past chiropractic records efficacy of past treatment cannot be determined. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Wrist, Forearm and Hand Chapters do not recommend chiropractic care. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. I find that the 12 additional chiropractic sessions requested to the right hand and upper extremity are not medically necessary and appropriate.