

Case Number:	CM15-0117456		
Date Assigned:	06/25/2015	Date of Injury:	09/26/2014
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26-year-old female who sustained an industrial injury on 09/26/14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy and chiropractic treatments. Diagnostic studies are not addressed. Current complaints include right shoulder, elbow, and wrist pain. Current diagnoses include nasal trauma, right shoulder and wrist strain/sprain, right elbow lateral epicondylitis, and rule out right wrist carpal tunnel syndrome. In a progress note dated 04/23/15, the treating provider reports the plan of care as additional chiropractic therapy to the right upper extremity. The requested treatment includes chiropractic therapy to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro, 2 x 6 for the right hand: 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 Manual therapy and Manipulation Page(s): 58-59.

Decision rationale: According to the 4/25/15 attending physician report, the patient has complaints of right shoulder and right elbow pain. Additionally, the report indicates that the patient has complaints of pain and numbness in the right hand. The current request is for chiropractic treatment 2x6 for the right hand. The treating physician states "based on the patient's progress with current treatment I specifically request timely authorization for the treatment plan outlined above. Page 26(b)" According to the MTUS guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. However, MTUS does not recommend manipulation of the forearm, wrist and hand. In this case, the attending physician provides no description of his treatment plan, other than to give the frequency and duration of his request. The records do not provide any evidence that the previous treatment has been effective at reducing pain levels or increasing function. The 4/23/15 reports actually indicate that the symptoms are worsening since the last exam, and the patient remains on total temporary disability. Furthermore, manual therapy and manipulation is not recommended for the forearm, wrist and hand. While chiropractors do perform other forms of physical medicine including, exercise and modalities, the request does not identify the specific treatment type requested. The available records do not support medical necessity for the request of chiropractic treatment 2x6 for the right hand. Therefore, this request is not medically necessary.