

Case Number:	CM15-0118116		
Date Assigned:	06/26/2015	Date of Injury:	04/09/2015
Decision Date:	07/27/2015	UR Denial Date:	06/12/2015
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, 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 43-year-old female who sustained an industrial injury on 4/9/2015 resulting in right thumb pain. She is diagnosed with sprain/strain of right finger. Treatment has included analgesic medications and stabilization. The injured worker continues to report pain. The treating physician's plan of care includes 12 chiropractic sessions. She is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services; twelve (12) visits (3x4): 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 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 services 12 visits (three times per week times four weeks) are not medically necessary. Manual manipulation and therapy is recommended for

chronic pain is caused by musculoskeletal conditions. The intended goal of effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation is not recommended. In this case, the injured worker's working diagnoses are right wrist/thumb sprain strain and DeQuervains tenosynovitis; right elbow sprain and forearm strain. The date of injury was April 9, 2015. The injured worker sustained an injury to the right thumb and wrist. The injured worker received initial physical therapy. The injured worker was seen by the primary treating orthopedist on May 15, 2015. The treating provider requested 12 chiropractic sessions. The guidelines do not recommend chiropractic manipulation to the forearm, wrist and hand. Consequently, absent guideline recommendations for chiropractic manipulation, chiropractic services 12 visits (three times per week times four weeks) are not medically necessary.

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, home Interferential unit (ICS) is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are right wrist/thumb sprain strain and DeQuervains tenosynovitis; right elbow sprain and forearm strain. The date of injury was April 9, 2015. The injured worker sustained an injury to the right thumb and wrist. The injured worker received initial physical therapy. The injured worker was seen by the primary treating orthopedist on May 15, 2015. If the patient selection criteria enumerated above are met, a one-month clinical trial may be appropriate to permit the treating provider and physical therapy provided to study the effects and benefits. There is no documentation of the request for a one- month clinical trial and there is no documentation of a one-month clinical trial in the medical record. Consequently, absent clinical documentation with a one-month clinical trial, home Interferential unit (ICS) is not medically necessary.

