

Case Number:	CM15-0124187		
Date Assigned:	07/08/2015	Date of Injury:	04/08/2014
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/27/2015

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 53 year old male who sustained an industrial injury on 04/08/14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture, physical therapy, and chiropractic treatments. Diagnostic studies include MRIs of the bilateral knees and right hand. Current complaints include pain in the bilateral knees, right hand and wrist, as well as anxiety and irritability. Current diagnoses include right wrist internal derangement, right metacarpophalangeal joint, bilateral knee internal derangement/strain/sprain, anxiety, and acute stress disorder. In a progress note dated 05/12/15 the treating provider reports the plan of care as acupuncture, chiropractic treatments, physiotherapy, and shockwave therapy to the right wrist and bilateral knees; as well as a consultation with an orthopedic surgeon, urine drug screen, electrodiagnostic testing of the right wrist, and medications including capsaicin/Flurbiprofen/gabapentin/menthol/camphor and gabapentin/amitriptyline/dextromethorphan. The requested treatments include chiropractic treatments to 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 for the right hand, once a week for six 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 manual therapy and manipulation Page(s): 58-60.

Decision rationale: The patient complained of pain in the hands, wrists, and knees. The Chronic Pain Medical treatment guidelines recommend manipulation for chronic pain. However, the guidelines do not recommend manipulation for the forearm, hand, and wrist. Therefore, the provider's request for 6 chiropractic treatment of the right hand is not medically necessary and appropriate.