

Case Number:	CM15-0126257		
Date Assigned:	07/14/2015	Date of Injury:	02/11/2014
Decision Date:	08/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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 39 year old female who sustained an industrial injury on 2/11/14. She had complaints of neck, back, right shoulder, right elbow, and right wrist pain. She was diagnosed with a fracture of the right wrist/distal tibia. Treating physician's report dated 5/26/15 reports complaints of right wrist/hand pain, right elbow pain, right shoulder pain, neck and upper back pain increased on the left going to the right arm with numbness, tingling, burning, change of color and some swelling in right wrist and hand. Lower back pain more on the right and right hand pain. Diagnoses include: wrist sprain/strain, elbow sprain/strain, shoulder sprain/strain, cervical disk syndrome, lumbar disk syndrome, radicular neuralgia, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, segmental dysfunction of the cervical, thoracic and lumbar spine, hand sprain/strain and stress. Plan of care includes: request authorization for initial 6 chiropractic visits (8/26/14 to 10/21/14) and chiropractic treatments (4/28/15 and 5/26/15). Work status: able to work for about 4 hours, no lifting over 15 pounds with right hand, intermittently doing bending, twisting, kneeling or squatting and intermittent use of right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for chiro x 1 visit for the right wrist (performed on 5/26/15): 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation.

Decision rationale: The 6/9/15 UR determination denied the request for manipulation of the wrist performed on 5/26/15 citing CAMTUS Chronic Treatment Guidelines. The patients past medical history of care included prior courses of care to manage spine and extremity residuals. The reviewed medical records of applied care reflect management of the upper extremities with manipulation contrary to CAMTUS Treatment Guidelines for manipulation. The medical necessity for manipulation of the wrist on 5/26/15 was not provided in the medical records or supported by the referenced CAMTUS Chronic Treatment Guidelines.