

Case Number:	CM15-0161700		
Date Assigned:	10/16/2015	Date of Injury:	08/19/2014
Decision Date:	12/03/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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 45 year old female, who sustained an industrial injury on 8-19-14. Medical records indicate that the injured worker is undergoing treatment for radial styloid tenosynovitis, sprain-strain-unspecified site of the hand and right wrist pain. The injured worker was working with modified duties. On (7-9-15) the injured worker complained of right wrist pain radiating to the right arm with associated weakness. The injured worker also noted right thumb pain radiating to the right hand with associated weakness, numbness and tingling. Objective findings revealed decreased grip strength on the right. Range of motion of the right wrist was decreased and painful. Treatment and evaluation to date has included medications, MRI of the right thumb (5-14-15), x-ray of the right hand, urine drug screen and hand therapy. The MRI of the thumb revealed minimal osteoarthritis within the first metacarpophalangeal joint. Current medications include Tylenol ES. Prior chiropractic treatments were not noted in the medical records. The current treatment request is for chiropractic treatments two times a week for six weeks for the right hand and thumb # 12. The Utilization Review documentation dated 7-30-15 modified the request to chiropractic treatments for the right hand and thumb # 4 (original request # 12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2 times a week for 6 weeks for the right hand/thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The patient complained of right thumb pain radiating to the right hand with associated weakness, numbness and tingling. The Chronic Pain Medical Treatment guidelines recommends manipulation for chronic pain, however, it does not recommend manipulation for the forearm, wrist, & hand. The records indicate that the patient received chiropractic treatments in the past with no objective documentation of functional improvement. Given that the guidelines do not recommend manipulation for the forearm, wrist, and hand, and the lack of documentation of functional improvement from prior chiropractic treatments; the provider's request for 12 chiropractic session to the thumb and right hand is not medically necessary.