

Case Number:	CM15-0176453		
Date Assigned:	11/03/2015	Date of Injury:	12/08/2011
Decision Date:	12/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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 36 year old male who sustained an industrial injury on 12-08-2011. Medical records indicated the worker was treated for right wrist strain, and myofascial pain. In the provider notes of 08-12-2015, the injured worker complains of a dull aching hand pain that originates in the right hand fingers 4 and 5 and in the lateral wrist. He has stiffness of the right wrist with some intermittent numbness and coldness in the fingertips. He also complains of an intermittent aching tight stiffness in the right neck and shoulder in the trapezius area. He rates his pain as a 2 on a scale of 0-10. Some dizziness was noted with almost full to full rotation to the left. His range of motion overall in the neck has improved. His current treatment includes salon pas, trameel, and ibuprofen as needed, Tylenol as needed, and acupuncture. He does some exercise. No physical exam is recorded in the 08-12-2015 visit. Medications include both oral and topical. He has had acupuncture which is ongoing. Hand occupational therapy completed, he is to continue home exercise program, and he is to follow up with the physician in six weeks. Looking at his 07-01-2015 visit, it is noted that his pain is stable overall with occasional flare-ups. On that exam, there were no temperature changes between the left and right upper extremity. There were no skin changes or extremity swelling. Some limitation in right wrist flexion and extension was noted as compared with the worker's left upper extremity. There was no pain with palpation at forearm or hands and there was no allodynia. Some limitation in right shoulder abduction and flexion was present with pain. MRI of 12-2011 was reviewed, and a MR arthrogram from 02-21-2012 with a MR from 09-10-2012 were reviewed and unremarkable. A

request for authorization was submitted for Chiropractic treatments x 6. A utilization review decision 08-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The utilization review determination of 8/26/15 denied six chiropractic visits to the patient's right wrist, right upper extremity and cervical spine citing CA MTUS chronic treatment guidelines. The patient's past medical history of treatment does include a prior course of chiropractic care to the cervical spine and upper extremity without evidence that applied care led to documentation of functional improvement as required by CA MTUS chronic treatment guidelines. These guidelines also do not support manual manipulation to the wrist. The request for additional manual therapy to the patient cervical spine, right upper extremity including wrist is not medically necessary and was not supported by the reviewed medical records or compliance with the prerequisites for consideration of additional treatment per CA MTUS chronic treatment guidelines.