

Case Number:	CM15-0038641		
Date Assigned:	05/05/2015	Date of Injury:	08/04/2014
Decision Date:	06/03/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/02/2015

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 54 year old male, who sustained an industrial injury on 8/4/2014. He reported a nail wound to his right hand. Diagnoses have included hand and finger abrasions and contusion of the upper limb-hands. Treatment to date has included manipulation, myofascial release, massage, ultrasound, paraffin wax, H-wave, ice and heat. According to the progress report dated 2/6/2015, the injured worker noted pain relief with treatment and increased functional gains with strength. Objective findings revealed sensory loss C6-C7. Phalen's test was positive. There was decreased range of motion in the right wrist/second/fifth digits. Authorization was requested for six sessions of chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Chiropractic Manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The UR determination of 2/25/15 denied the request for additional Chiropractic manipulation to the patients wrist/hand citing ACOEM Treatment Guidelines. The medical necessity for manipulation of the upper extremity including elbow wrist and hand was not supported by the reviewed medical report/s or the referenced ACOEM Treatment Guidelines.