MAXIMUS Federal Services

Case Number:	CM15-0040299		
Date Assigned:	03/10/2015	Date of Injury:	11/15/2011
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 29 year old female, who sustained an industrial injury on 11/15/2011. The current diagnosis is pain in forearm joint. Treatment to date has included medications, physical and manipulation therapy, injections, and extracorporeal shockwave. According to the progress report dated 1/28/2015, the injured worker complains of insomnia, fatigue, and pain (unspecified site). The pain is rated 6/10 on a subjective pain scale. The current plan of care includes follow up in 4 weeks with chiropractor for pain in joint forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up in 4 weeks with Chiropractor, [redacted] for pain in joint forearm:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 40, 58-59.

Decision rationale: The patient presents with pain in the right forearm rated 6/10. The progress note is handwritten, poorly scanned, and almost entirely illegible. The patient's date of injury is 11/15/11. Patient is status post extracorporeal shock wave therapy at an unspecified site and date. The request is for FOLLOW UP IN 4 WEEKS WITH CHIROPRACTOR, [redacted] FOR PAIN IN JOINT FOREARM. The RFA was not provided. Physical examinations dated 11/20/14 and 1/28/15 are handwritten, poorly scanned, and entirely illegible. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS Chronic Pain Medical Treatment Guidelines, page 40, regarding Manual Therapy and Manipulation state: "Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in function that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of-motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines a. Time to produce objective functional gains: 3-5 treatments b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session." Regarding Chiropractic treatment for the upper extremities. MTUS Page 58 states: "Forearm, Wrist, & Hand: Not recommended." In regard to the request for chiropractic treatment for the right forearm, the treater has specified an excessive duration of therapy and chiropractic treatment is not supported for this patient's condition. MTUS guidelines specify an initial trial of 6 chiropractic sessions with documented benefits. Additional sessions are contingent upon improvement. There is some indication that this patient has undergone chiropractic treatment before, but there is no discussion of the treatment target or efficacy. Additionally, MTUS does not recommend chiropractic therapy for forearm/wrist complaints. Given the excessive number of prescribed sessions, lack of documented prior efficacy, and lack of guideline support for this patient's condition, the request IS NOT medically necessary.