

Case Number:	CM15-0069921		
Date Assigned:	04/17/2015	Date of Injury:	10/08/2001
Decision Date:	05/19/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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 63 year old female, who sustained an industrial injury on 10/8/01. She reported right thumb pain. The injured worker was diagnosed as having painful right thumb carpometacarpal joint status post carpometacarpal joint arthroplasty and advanced osteoarthritis of the right carpometacarpal joint. Treatment to date has included right thumb carpometacarpal joint arthroplasty and right thumb carpometacarpal joint injection. Currently, the injured worker complains of right thumb pain. The treating physician requested authorization for chiropractic treatment 2x6 for the right thumb. The treating physician noted the request for additional chiropractic therapy was needed as it had been helpful in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 6Wks to the right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist & Hand/Chiropractic (manipulation) See Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 275, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X6 chiropractic sessions for right thumb. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. ODG and ACOEM guidelines do not recommend chiropractic for thumb pain. Per review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.