

Case Number:	CM15-0072329		
Date Assigned:	04/22/2015	Date of Injury:	04/23/2013
Decision Date:	06/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/16/2015

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

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 33 year old male who sustained an industrial injury on 04/23/2013. Current diagnoses include right wrist sprain/strain, right forearm sprain/strain, right elbow sprain/strain, and DeQuervan bilateral. Previous treatments included medication management, injection, ice/heat, brace, chiropractic, physical therapy, and home exercises. Report dated 03/04/2015 noted that the injured worker presented with complaints that included right wrist, elbow, forearm, right and left thumb, and left wrist, forearm, and elbow pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for chiropractic. Disputed treatments include chiropractic 1 time a week for 2 weeks for the bilateral hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 times 2 weeks for bilateral hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: The claimant presented with chronic pain in the elbows, forearms, wrists and thumbs. Although evidences based MTUS guidelines do not recommended chiropractic treatment for the wrist and hand, the claimant has had chiropractic treatment previously; total number of visits and treatment outcomes are not documented. Based on the guidelines cited, the request for chiropractic treatment for the wrist and hand are not medically necessary.