

Case Number:	CM15-0079049		
Date Assigned:	04/30/2015	Date of Injury:	03/19/2013
Decision Date:	06/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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 50-year-old male, who sustained an industrial injury on 3/19/2013. Diagnoses have included cervical spine sprain/strain, lumbar spine sprain/strain and left wrist scaphoid non-union fracture. Treatment to date has included physical therapy and medication. The injured worker underwent left wrist surgery for scaphoid non-union on 9/3/2014. According to the progress report dated 2/9/2015, the injured worker complained of pain in his left wrist. He reported that the pain was better since the surgery. Objective findings revealed decreased grip and pinch strength of left wrist. Per the progress report dated 3/26/2015, the injured worker was receiving physical therapy to the left wrist. Physical exam revealed mild edema of the dorsum of the left wrist. There was tenderness of the left wrist. There was mild tenderness of the posterior cervical, thoracic and lumbar paraspinal musculature. The injured worker was to continue with temporarily very disabled status. Authorization was requested for eight chiropractic treatments for the left wrist, cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic- 8 treatments (left wrist, cervical and lumbar spine): 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 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 functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the left wrist, neck, and low back. Previous treatments include medications, physical therapy, and left wrist surgery. Current request is for 8 chiropractic treatment visits for the left wrist, cervical, and lumbar spine. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, the guidelines do not recommend chiropractic treatment for the wrist. Therefore, the request for 8 chiropractic treatments for the left wrist, cervical, and lumbar spine is not medically necessary.