

Case Number:	CM15-0090283		
Date Assigned:	05/14/2015	Date of Injury:	08/02/2013
Decision Date:	06/23/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 24-year-old female who sustained an industrial injury on August 2, 2013. She reported an injury to her right hand. Previous treatment includes physical therapy, NCV/EMG of the right upper extremity, home exercise program, modified work and ice therapy. An evaluation in March, 2014 revealed the injured worker complained of right wrist pain with associated numbness in the hand. On physical examination, she has pain of the right wrist joint and pain with range of motion. Her right thumb is decreased in sensation to light touch and she has a negative Tinel's sign. Diagnoses associated with the request include right wrist ganglion of joint and tenosynovitis. A request was made for chiropractic manipulation of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 right hand and wrist. Previous treatments include ice, medications, physical therapy, home exercises, and chiropractic. Although evidences based MTUS, guidelines do not recommend chiropractic treatments for the wrist and hand, the claimant has had 8 sessions of chiropractic with no evidences of objective functional improvement. Based on the guidelines cited, the request for additional chiropractic manipulation for the right wrist is not medically necessary.