

Case Number:	CM13-0005252		
Date Assigned:	01/03/2014	Date of Injury:	08/25/2010
Decision Date:	03/18/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 48 year old female who sustained a work-related injury on 8/25/10. Per a progress report dated 6/3/13, the claimant complained of pain located in the bilateral wrists and hands. She described the pain as aching and rates it as mild to moderate. It has been about 16 months since the onset of the pain. The claimant states that the pain is intermittent and it is made worse with flexion of the left wrist. The pain is improved with therapy, acupuncture, and rest. She feels that it is improving, and her right wrist and hand are much improved. She has no complaints on the right at this time. She states that the left wrist continues to be significantly painful and is unable to flex the left wrist without significant discomfort. She also continues to get some discomfort in the base of her left thumb with certain motion. The claimant is working with modified duties. On exam, the left wrist has slight pain with extension, moderate pain with flexion. Range of motion is decreased secondary to pain. There was a positive grind test at the left thumb CMC joint. Right wrist range of motion is normal, but with some stiffness. X-rays of the left wrist (wet reading) does not demonstrate any acute bony abnormality. Diagnoses include enthesopathy of the wrist and carpus, bilateral carpal tunnel syndrome, and tenosynovitis of the bilateral wrists. Treatment plan involved continuing the home exercise program, modified work duty, heat and/or ice, 12 more sessions of acupuncture, a three compartment MRI arthrogram of the left wrist, and Biofreeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 12 additional sessions of acupuncture for the wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has received nine acupuncture sessions in April/May 2013 with positive benefits. The Acupuncture Medical Treatment Guidelines support the use of acupuncture when there is functional improvement after a trial of therapy. Additional sessions of acupuncture are likely to provide continued benefit for the claimant based on her previous experience with this treatment modality. The request for 12 additional sessions of acupuncture is determined to be medically necessary.

request for a compartment MRI arthrogram of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Based on review of the provided clinical documents, the claimant does not meet any of the criteria above that would indicate an MRI arthrogram of the left wrist to be necessary. There is not a specific condition that has been identified on exam, or a surgical indication that has been identified that would indicate the MRI arthrogram is necessary. The request for compartment MRI arthrogram of the left wrist is determined to not be medically necessary.