

Case Number:	CM13-0044582		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2007
Decision Date:	08/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Indiana. 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/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 member is a 58-year-old female who suffered a work related injury on 2/1/07. She has approved conditions involving both upper extremities, both shoulders, and the cervical spine. She has associated co-morbidities including fibromyalgia, anxiety, depression, carpal tunnel syndrome, hypothyroidism, ulcerative colitis, GERD, HTN, CAD, type II DM. The member complains of bilateral neck, shoulder, elbow, wrist, hand feet pain and low back pain. The pain radiates from the shoulders to the fingertips. It is relieved with lying down, medications, relaxation, and sleep. The member is currently taking cyclobenzaprine 7.5 mg one tablet bid and Terocin Lotion applied to affected areas as needed for pain. The member has tried acupuncture, PT, H-wave therapy, a TENS unit and medication, all with 60 - 80% relief. There is no documentation of ROM of the cervical spine. Positive findings for weakness include 3/5 strength of right-sided grip and 4/5 right elbow flexion strength. Other neurological findings of the upper extremities are reported as normal. Sensation and reflexes are intact throughout bilaterally. As a result of an aggravation of her work related injury with a recurrent flare up of neck and shoulder pain with numbness particularly in the right hand, a request has been made by the treating physician for acupuncture in conjunction with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES PER WEEK FOR 6 WEEKS (2X6) FOR TREATMENT OF THE BILATERAL HANDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Acupuncture Treatment Guidelines.

Decision rationale: Although acupuncture can be helpful for the treatment of chronic pain, the time to produce functional improvement is 3 - 6 treatments according to the guidelines. Therefore 12 treatments are not medically necessary. Also, according to the ACOEM guidelines for hand complaints, it states that most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. Therefore, the acupuncture treatments are not medically necessary for treatment of bilateral hands.

PHYSICAL THERAPY TWO TIMES PER WEEK FOR 6 WEEKS (2X6) FOR TREATMENT TO THE CERVICAL SPINE AND BILATERAL HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 285.

Decision rationale: According to the ACOEM guidelines Physical modalities, such as massage, diathermy, cutaneous laser treatment, cold" laser treatment, transcutaneous electrical neurostimulation(TENS) units, and biofeedback have no scientifically proven" efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. According to the ACOEM chapter on Neck and Upper Back complaints, Physical treatment methods are not recommended. Therefore the requested Physical Therapy treatment for the Cervical Spine and Bilateral Hands are not medically necessary.