

Case Number:	CM13-0048250		
Date Assigned:	12/27/2013	Date of Injury:	03/23/2013
Decision Date:	03/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 30-year-old male who reported an injury on 03/23/2013. The patient was reportedly using a table saw when he cut his right thumb and right index finger. The patient is diagnosed with traumatic arthropathy in the right hand, neuropathy of the right wrist, de Quervain's tenosynovitis in the right thumb, and right hand pain. The patient was seen by [REDACTED] on 10/09/2013. The patient reported right hand and wrist pain. Physical examination revealed limited range of motion. Treatment recommendations included physical therapy and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/wrist/acupuncture, the Official Disability Guidelines (ODG) online edition, and the MTUS guidelines/chronic pain=acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that acupuncture is used as an option when the pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional

improvement includes three to six (3 to 6) treatments. The current request for acupuncture times twelve (12) sessions exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. Additionally, the patient's physical examination only revealed limited range of motion. Based on the clinical information received, and the guidelines, the request is non-certified.

Eight (8) sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in physical therapy. However, documentation of objective measurable improvement was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

Eight (8) sessions of chiropractic manipulative therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/CTS=chiropractic care, the ODG Chiropractic Guidelines - Elbow

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58.

Decision rationale: The Chronic Pain Guidelines indicate that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the forearm, wrist, and hand is not recommended. Therefore, the current request is not medically appropriate. As such, the request is non-certified.