

Case Number:	CM13-0048352		
Date Assigned:	04/25/2014	Date of Injury:	07/09/2013
Decision Date:	06/12/2014	UR Denial Date:	09/20/2013
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 Physical Medicine and Rehabilitation 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 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 patient is a 53 year old female who was injured on 07/09/2013. The mechanism of injury is from using a different chair. She complains of left thumb and wrist pain radiating to the forearm with cold and tingling sensations. Prior treatment history has included 6 sessions of acupuncture therapy. Acupuncture Clinical treatment note dated 09/13/2013 indicates the patient complains of left wrist, hand, and thumb pain which is overall improved with less pain with each visit from initial visit, rating her pain 6-7/10 to 8-9/10. The left wrist, hand and thumb pain is making typing and writing very difficult. She is diagnosed with radial styloid tenosynovitis, carpal tunnel syndrome, and OTH tenosynovitis of the hand/wrist. Acupuncture Clinical treatment note dated 08/23/2013 reports the patient complains of right wrist pain that is overall improved with less pain with each visit, rating her pain at initial visit a 5/10 to 8/10. She reports she is unable to type or write due to the pain in her wrist. Diagnoses are OTH tenosynovitis of the hand/wrist and radial styloid tenosynovitis. Prior UR dated 09/20/2013 denied treatment for acupuncture therapy due to insufficient evidence to support the case; it denied glove attachment for an ortho-stimulator due to lack evidence of effectiveness or ineffectiveness of pain medications/other treatment; and suggested an anti-inflammatory drug, such as Anaprox, would be more appropriate for neuropathic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE(6) VISITS 2 X 3 LEFT THUMB AND WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS guidelines, Acupuncture Medical Treatment is recommended as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records document OTH tenosynovitis of the hand/wrist and radial styloid tenosynovitis. The patient had received 6 sessions of acupuncture from 8/27/2013 to 3/31/2013. In the absence of documented significant improvement of pain and function, and as the patient received the maximum number of treatments, the request is not medically necessary according to the guidelines.

GLOVE ATTACHMENT FOR ORTHO-STIM 4 UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: According to the CA MTUS guidelines, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and reduction of medications, and limited evidence of improvement on those recommended treatments alone. The medical records document OTH tenosynovitis of the hand/wrist and radial styloid tenosynovitis. In the absence of documented evidence of return to work, exercise and reduction of medications, the request is not medically necessary according to the guidelines.

ANAPROX: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (Non-Steroidal Anti-Inflammatory Drugs) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS(Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67,70.

Decision rationale: According to the CA MTUS guidelines, Anaprox "Naproxen" is Non-Steroidal Anti-Inflammatory Drugs (NSAID) which is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 09/13/2013 report documented diagnosis with radial styloid tenosynovitis, carpal tunnel syndrome, and OTH tenosynovitis of the hand/wrist. Prior UR dated 09/20/2013 recommended the use of Anaprox. Given the patient continues to have moderate pain due to OTH tenosynovitis of the hand/wrist and radial styloid tenosynovitis, the request is medically necessary according to the guidelines.

NEURONTIN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs(AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16-19.

Decision rationale: According to the CA MTUS guidelines, Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. 09/13/2013 report documented diagnosis with radial styloid tenosynovitis, carpal tunnel syndrome, and OTH tenosynovitis of the hand/wrist. Given the patient continues to have moderate neuropathic pain due to carpal tunnel syndrome, the request is medically necessary according to the guidelines.