

Case Number:	CM13-0053812		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2011
Decision Date:	05/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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 62-year-old female who was injured on 08/30/2011 while she developed pain in her wrists that she felt was secondary to keyboarding. She reported she was initially seen by her primary care physician and diagnosed with carpal tunnel syndrome. There is a claimed injury involving wrists and another cumulative injury from 02/01/1986 to 08/30/2011 involving upper extremities, shoulders, upper back and neck. Prior treatment history has included physical therapy and acupuncture. Her medication was Tylenol #3. PR-2 dated 06/20/2013 documented the patient to have finished acupuncture with good relief. Objective findings on exam included range of motion decreased in the cervical spine with spasm and guarding. Will request acupuncture, TENS and HEP. PR-2 dated 07/15/2013 documented the patient with complaints of pain in the cervical spine. Objective findings noted tenderness in the cervical spine region as well as stiffness and tightness. Treatment Plan: Acupuncture to increase range of motion and muscle strength. PR-2 dated 07/18/2013 documented the patient to be the same overall. Objective findings noted decreased range of motion in the cervical spine and bilateral wrists. Treatment Plan: illegible. PR-2 dated 07/24/2013 documented the patient with complaints of pain, stiffness and tightness in the cervical spine. Treatment Plan: acupuncture to increase range of motion and strength. PR-2 dated 07/29/2013 documented the patient with complaints of pain, stiffness and tightness in the cervical spine. Treatment Plan: acupuncture to increase range of motion and strength. PR-2 dated 08/22/2013 documented the patient to report pain in her left shoulder down her left arm. She has been doing acupuncture, using her TENS unit and taking medication to control her pain. She uses topical analgesic with benefit. She finds that her pain can sometimes be increased with cooler weather. She tries to walk regularly. There were no objective findings noted. Treatment Plan: Patient has sufficient medication and no side effects noted. Patient tries to use only oral medication when her pain is increased. Refill patches for TENS unit and

Methoderm for topical analgesic. She is to continue HEP and TENS. Continue with acupuncture. PR-2 dated 09/09/2013 documented the patient with complaints of pain, stiffness and tightness in the cervical spine. Her pain score is decreased and activity level increased. Treatment Plan: acupuncture to increase range of motion and strength. PR-2 dated 09/12/2013 the patient reports that acupuncture helps. If it is not available the pain increased in the left shoulder and left forearm. Objective findings reveal a decrease in the range of motion of the left shoulder with tenderness to palpation and guarding. She has a normal gait. Treatment Plan: Patient will see primary doctor for checkup. Will request six more acupuncture visits. She has Vicodin and will refill Methoderm. PR-2 dated 09/16/2013 documented the patient to have complaints of pain, stiffness and tightness in the cervical spine. Treatment Plan: acupuncture to increase range of motion and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE NECK AND SHOULDER, DATE OF SERVICE: 10/02/2013:
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 guidelines, "Acupuncture" is used 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. (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). The medical records detail the patient had been receiving acupuncture treatment. However, it is not demonstrated that the patient presented with an exacerbation or flare-up that necessitated further treatment. The PR-2 dated 09/16/2013 documented the patient to have complaints of pain, stiffness and tightness in the cervical spine. The report does not document objective examination findings demonstrating functional deficits on examination that would potentially benefit with additional acupuncture care. The guidelines state Acupuncture may be extended if functional improvement is documented. However, the medical records do not establish return to work, clinically significant improvement in objective findings, and/or reduction in pain and medication use. Furthermore, the optimum duration of acupuncture treatment is 1-2 months. The patient had exceeded the recommended duration of treatment. Consequently, additional acupuncture is non-certified.

ACUPUNCTURE FOR THE NECK AND SHOULDER, DATE OF SERVICE: 07/29/2013:
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 guidelines, "Acupuncture" is used 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. (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). The medical records detail the patient had been receiving acupuncture treatment. However, it is not demonstrated that the patient presented with an exacerbation or flare-up that necessitated further treatment. The PR-2 dated 07/29/2013 documented the patient with complaints of pain, stiffness and tightness in the cervical spine. The report does not document objective examination findings demonstrating functional deficits on examination that would potentially benefit with additional acupuncture care. Acupuncture may be extended if functional improvement is documented. However, the medical records do not establish return to work, clinically significant improvement in objective findings, and/or reduction in pain and medication use. Consequently, additional acupuncture is non-certified.

FOLLOW-UP VISIT FOR CARPAL TUNNEL, DATE OF SERVICE: 11/05/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, 91.

Decision rationale: The guidelines state "The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The guidelines also state "referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The medical records do not establish any of these issues existed with this patient. In addition, review of the records does not document subjective complaints, clinical findings and/or diagnostic findings of carpal tunnel syndrome. Carpal tunnel syndrome has not been established. Thus, medical necessity is not established, and the request is non-certified.