

Case Number:	CM13-0058694		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2012
Decision Date:	05/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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 & 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 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 injured worker is a 32-year-old male who reported an injury on 10/23/2012. The mechanism of injury was not provided in the medical records. His symptoms included bilateral hand paresthesias, forearm and shoulder pain, nonradiating. Palpation over the acromioclavicular joint was noted to be painless. There was no tenderness to palpation at the rotator cuff anteriorly. Range of motion of the shoulder was noted to be normal with strength of 5/5. Examination of the bilateral elbows was noted to have a normal range of motion and normal strength. Deep tendon reflexes were also noted to be normal. Examination of the bilateral wrists revealed normal range of motion. The injured worker was noted to have a positive Phalen's test and carpal compression. Sensory examination was noted to be intact. The injured worker was diagnosed with other tenosynovitis of hand and wrist. Diagnostic studies included an x-ray on 10/23/2012 of the left and right wrists, nerve conduction/EMG on 01/2013 and 11/06/2013, of the bilateral upper extremities. The request for authorization was not provided in the medical records. The most recent clinical note indicated acupuncture was requested to decrease pain levels so that injured worker may better participate with his home stretches and exercises to increase strength, mobility, and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 6 VISITS: 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 MTUS Acupuncture Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to help hasten functional recovery. The Guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. The documentation submitted for review indicated the injured worker had a pain level of 4/10. He was also noted to have normal objective findings of the bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral hands. The documentation failed to provide evidence of the injured worker's current pain medications and documentation of pain medication being reduced or not tolerated. The documentation failed to provide evidence of the injured worker currently participating in physical therapy. Therefore, the request is not supported. Given the above, the request for 6 acupuncture visits is not medically necessary and appropriate.

HAND SURGEON CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: ACOEM Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications; or have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks, benefits, and expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. Examination of the bilateral hands revealed the fingers to have a full extension and flexion to the distal palmar crease without restriction. There was no subluxation of the metacarpophalangeal joints or interphalangeal joints. There was no crepitation of range of motion. The thumb opposes to the distal palmar crease at the base of the little finger. There was no instability about the carpometacarpal joint of the thumb. There was no tenderness to palpation over the flexor or extensor surfaces of any digit. The ACOEM Guidelines state hand surgery consultation may be indicated for patients who have red flags of a serious nature or failure to respond to conservative management; the documentation submitted for review indicated the injured worker had completed 18 sessions of physical therapy but failed to indicate any red flag conditions. The documentation submitted for review did not provide physical exam findings that would warrant a consultation with a hand surgeon. In the absence of physical exam findings to warrant a

consultation with a hand surgeon, the request is not supported at this time. Given the above, the request is not medically necessary and appropriate.