

Case Number:	CM13-0060598		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2003
Decision Date:	05/08/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 69 year old female who was injured on 03/04/2003 while lifting a 5 gallon jug. The jug fell backward and pushed her wrist back. Prior treatment history has included physical therapy, acupuncture, TENS, and aspirin. Diagnostic studies reviewed include x-rays of the bilateral hands dated 09/12/2013 revealed mild first CMC joint arthritis, slightly ulnar positive, and mild degenerative joint changes visible throughout the carpus. EMG/NCV revealed right moderate CTS. Initial Pain management evaluation dated 10/30/2013 documented the patient to have a diagnosis of 1) Repetitive strain injury; 2) Myofascial pain syndrome; 3) Median neuropathy; and 4) Bilateral lateral epicondylitis. The patient was encouraged to exercise, acupuncture 2 times a week for 4 weeks and physical therapy. Visit note dated 11/20/2013 indicated the patient had increased pain and discomfort involving her bilateral upper extremities and involving her elbow, wrist, and forearm. She reports more pain and discomfort with numbness and tingling sensation and a lot of stiffness. Objective findings showed local tenderness at the elbow, wrist, and forearm. Motor strength is 5/5 in both upper extremities. Deep tendon reflexes are 2/2 in the biceps, triceps, and brachioradialis. There is positive Tinel's and Phalen's test of the wrist and hand. The patient is diagnosed with repetitive strain injury, myofascial pain syndrome, median neuropathy of carpal tunnel syndrome, and bilateral lateral epicondylitis. She is instructed to continue current medicine, Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO-ACUPUNCTURE TREATMENT, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is a request for additional acupuncture. The patient apparently has had acupuncture in the past without clear functional benefit. Further, the patient has not worked in years, and at least one specialist felt her ongoing symptoms were attributable to activities at home. Medical necessity has not been established. Acupuncture is non-certified.

INFRARED THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

Decision rationale: According to the CA MTUS guidelines, Low-Level Laser Therapy (LLLT) is not recommended. Infrared therapy is non-certified.

MYOFASCIAL RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: This is a request for myofascial release (massage) for a patient with chronic pain who has not worked in years. Ongoing symptoms are believed to be due to home activities. The patient has had a long course of conservative treatment in the past including acupuncture and physical therapy. There is no clear rationale or indication for massage in the available records. Myofascial release is non-certified.