

Case Number:	CM13-0064671		
Date Assigned:	01/03/2014	Date of Injury:	04/02/2012
Decision Date:	06/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 39 year old female who was injured on 04/02/2012. She began to experience pain in her right thumb, wrist, and hand as well as numbness and tingling. She attributes the pain and symptoms to the constant and repetitive typing at work as well as to the repetitive use of the computer mouse. Prior treatment history has included cortisone injection, wrist brace, and 12 postoperative sessions of physical therapy to her right wrist; Motrin, Tylenol. The patient underwent carpal tunnel release on 11/29/2012. PR-2 dated 08/08/2013 states the patient reports the acupuncture helps decrease pain mildly. The patient is scheduled to begin PT on tomorrow to right hand post-OP CTR and DQ TSV. The patient reports the numbness and tingling in the right wrist/hand is returning. She is scheduled for EMG of bilateral upper extremities to investigate residual pain, numbness, and tingling. The patient states that she would like stronger pain medication such as increasing her Norco and Motrin. Of note, psych treatment has been denied by insurance. The patient is diagnosed with status post right carpal tunnel release and right DQTSV of the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULTATION FOR THE THE RIGHT WRIST/HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, page 503.

Decision rationale: As per ACOEM guidelines, consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The most recent medical report submitted for review was dated 08/08/13 indicates the patient states numbness, tingling, in right wrist/hand is returning; however, there is no documentation of comprehensive physical exam findings that would warrant a specialist referral. Thus, the medical necessity has not been established.

12 ACUPUNCTURE SESSIONS, TWO TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT WRIST/ HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per CA MTUS 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. Further guidelines indicate that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The most recent medical report submitted for review was dated 08/08/13 indicates the patient states acupuncture helps decrease pain mildly. The UR report dated 11/26/13 indicates patient had 6 acupuncture visits so far. The guidelines indicated that acupuncture treatments may be extended if functional improvement is documented. The medical records submitted for review do not document objective functional improvement with the prior completed acupuncture treatment. Also, the most recent progress reports do not document detailed physical exam findings suggestive of objective residual deficits to warrant additional acupuncture treatment. Thus, the medical necessity has not been established.

8 PHYSICAL THERAPY SESSIONS, TWO TIMES PER WEEK FOR FOUR WEEKS, FOR THE RIGHT WRIST/HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. A progress report dated 04/10/13 indicates patient had 12 postoperative physical therapy sessions to her right wrist status

post right carpal tunnel release on 11/29/12. The most recent medical report submitted for review was dated 08/08/13 indicates the patient is scheduled to being PT tomorrow to right hand Post-OP. The UR report dated 11/26/13 indicates patient had 6 PT visits so far. The medical records submitted for review do not document objective functional improvement with the prior completed physical therapy treatment. Also, the most recent progress reports do not document detailed physical exam findings suggestive of objective residual deficits to warrant additional physical therapy treatment. Thus, the medical necessity has not been established.