

Case Number:	CM13-0067949		
Date Assigned:	01/08/2014	Date of Injury:	08/15/2013
Decision Date:	04/15/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 64 year-old female with an 8/15/13 left upper extremity cumulative trauma claim. She has been diagnosed with evolving CTS, left wrist with normal NCV; deQuervains tenosynovitis, left wrist; left wrist flexor tendonitis; and CMC OA, left thumb. According to the 1/3/04 chiropractic report from [REDACTED], the patient presents with 9/10 right thumb pain; although the examination findings are for the left wrist and thumb. [REDACTED] requested acupuncture 1x4, PT 2x4, and a left wrist splint with thumb spica. According to the IMR application, there is a dispute with the 12/17/13 UR decision. The 12/17/13 UR decision was for denial of PT x8, however, on this IMR review form, I am asked to review for PT x8 and medications management, acupuncture 4-8 and the left wrist splint thumb spica. On 1/13/14 UR denied acupuncture 4-8, PT x8 and the wrist splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with left wrist pain and deQuervain's tenosynovitis. She is working full time. The 1/3/14 chiropractic report requested PT x8 but did not discuss efficacy of the 12 prior PT sessions. The records show the patient had 6 sessions of PT around 9/6/13 from [REDACTED], and a 2nd set of 6 sessions on 11/7/13. MTUS does allow for 8-10 sessions of PT for various myalgias and neuralgias, however, in this case, when combined with the 12 sessions already provided, the request for 8 additional PT sessions will exceed the MTUS recommendations. The request is not in accordance with MTUS guidelines.

MD Medication Management: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 127.

Decision rationale: he Expert Reviewer's decision rationale: The patient presents with left wrist pain and deQuervain's tenosynovitis. She is working full time. The chiropractor noted 9/10 pain, and requested medical co-management. The prescribing medications or injections are not in the chiropractic PTP's scope of practice. The referral appears necessary, and is in accordance with ACOEM guidelines.

Acupuncture x 4-8 visits for (L)Hand and Forearm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with left wrist pain and deQuervain's tenosynovitis. She is working full time. The 1/3/14 report shows he requested acupuncture x4. But the UR letter and the request before me is for acupuncture 4-8 sessions. The MTUS acupuncture treatment guidelines state that there should be some functional improvement within 3-6 sessions of acupuncture, and with documentation of functional improvement, the sessions can be extended. The request as written by the requesting physician for 4 sessions is in accordance with the MTUS/Acupuncture guidelines, but the request before me, for acupuncture 4-8 sessions will exceed the MTUS/acupuncture recommendations, and is not in accordance with the guidelines.

(L) Wrist splint with Thumb Spica: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The patient presents with left wrist pain and deQuervain's tenosynovitis. She is working full time. [REDACTED] has requested a left wrist splint with thumb spica. This is in accordance with MTUS/ACOEM guidelines.