

Case Number:	CM13-0069195		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2013
Decision Date:	04/22/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 Chiropractic Medicine, and is licensed to practice in Texas. 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 48-year-old who reported injury on January 13, 2013. The mechanism of injury was the patient was repetitively lifting 70 pound boxes. The documentation of November 1, 2013 revealed the patient had severe tenderness over the thumb web with mild limited motion of the 1st MTP. The patient had segmental dysfunction of the right thumb and a segmental dysfunction of the right shoulder and of the right radial head. The patient's diagnoses were noted to include strain/sprain of the hand nos with cervical segmental dysfunction and cervical hypolordosis. The request was made for manipulation to the right thumb, right wrist, right radial head, and right shoulder as well as a TENS (transcutaneous electrical nerve stimulation) unit and acupuncture 2 x Wk x 4 Wks for the right hand and thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE FOR THE RIGHT HAND/THUMB, ONCE PER WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Section Page(s): 58,59.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend treatment with manipulation for the wrist or hand. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request for chiropractic care for the right hand/thumb, once per week for four weeks, is not medically necessary or appropriate.

ACUPUNCTURE FOR THE RIGHT HAND/THUMB, TWICE PER WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that acupuncture is an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. Time to produce functional improvement is three to six treatments. The clinical documentation submitted for review failed to indicate the patient would be utilizing the acupuncture as an adjunct to physical rehabilitation. There is lack of documentation indicating the quantity of acupuncture the patient had previously received. The request for eight sessions exceeds the guideline recommendations of six sessions. Given the above, the request for acupuncture for the right hand/thumb, twice per week for four weeks, is not medically necessary or appropriate.

TENS (TRANSCUTANEOUS ELECTRIC NERVE STIMULATION) UNIT FOR THE RIGHT HAND/THUMB, TWICE DAILY, SEVEN DAYS PER WEEK FOR THREE MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 115,116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a one month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried including medication and have failed. The clinical documentation submitted for review failed to provide documentation of the rationale for the requested service. Additionally, the request for three months exceeds guideline recommendations. Additionally, the request as submitted failed to indicate whether the TENS unit was for rental or purchase. Given the above, the request for a TENS unit for the right hand/thumb, twice daily, seven days per week for three months, is not medically necessary.