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| Case Number: | CM14-0104732 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 10/16/2012 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 54-year-old female was reportedly injured on October 16, 2012. The most recent progress note, dated May 27, 2014, indicated that there was a postoperative followup for a right carpal tunnel release. The physical examination demonstrated tenderness at the ulnar side of the right wrist and decreased wrist and finger range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right sided carpal tunnel release performed on May 15, 2014. A request had been made for postoperative physical therapy three times a week for four weeks for the right wrist and acupuncture twice week for six weeks for the right wrist and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 3 x 4 to the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California Postsurgical Treatment Guidelines, 3 to 8 visits are recommended for postoperative physical therapy after a carpal tunnel release procedure. As this request is for 12 postoperative visits, it is considered not medically necessary.

Post operative acupuncture 2 x 6 to the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 13 of 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines indicates that acupuncture can be used as an adjunct to surgical intervention to hasten functional recovery. The guidelines indicate that the time to produce functional improvement should take from 3 to 6 treatments at which time a reevaluation should be performed to assess efficacy prior to continuing potential therapy. As this request is for 12 visits of acupuncture, it is considered not medically necessary.