

Case Number:	CM14-0105695		
Date Assigned:	07/30/2014	Date of Injury:	09/02/2013
Decision Date:	09/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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 54 year-old patient sustained an injury on 9/2/13 while employed by [REDACTED]. Request(s) under consideration include Six (6) Acupuncture visits, surgical consultation, and Norco 5/325mg #60. Diagnoses include Carpal tunnel syndrome. Report of 6/3/14 from the provider noted the patient completed 3 out of 6 acupuncture visits; has been taking Norco and Motrin. The patient continued on work restrictions with limitations of 10 pounds and no overhead activities. Report of 6/5/14 noted the patient with left shoulder pain rated at 5-6/10; taking same pain medication with continued constant pain symptoms; bilateral wrist pain rated at 6/10 unchanged; chronic left shoulder pain decreased by 1 VAS (Visual Analog Scale). Exam showed slightly improved left shoulder range; no change in wrist range. Diagnoses include right wrist Carpal tunnel release; cervical spine sprain/strain; shoulder sprain/strain. Treatment included Request(s) for Six (6) Acupuncture visits, surgical consultation, and Norco 5/325mg #60 were non-certified on 6/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 6 prior sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. The previous provider also had discontinued acupuncture noting lack of relief. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. Therefore, the request of six (6) Acupuncture visits is not medically necessary and appropriate.

Surgical consultation: 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 Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Submitted reports have not demonstrated any specific complicated GI diagnoses indicative of a second opinion hand consultation to treat for mild carpal tunnel syndrome per orthopedic provider of EMG/NCV (Electromyography / Nerve Conduction Velocity); however, no electrodiagnostic reports were provided for review. Additionally, there is a utilization letter dated 2/28/14 with certification for 2nd opinion hand surgical consult; however, it is unclear if this has been done as there is no information provided. Submitted reports have not demonstrated any failed conservative treatment for diagnoses of mild CTS (Carpal Tunnel Syndrome) to warrant any surgical intervention reserved for moderate and severe CTS (Carpal Tunnel Syndrome) per guidelines. There are no identifying clinical findings to support for hand specialty care beyond the orthopedic provider's specialty nor is there any failed conservative medication treatment trials rendered for any unusual or complex pathology that may require second opinion. Therefore, the request of surgical consultation is not medically necessary and appropriate.

Norco 5/325mg #60: 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 Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore, the request of Norco 5/325mg #60 is not medically necessary and appropriate.