MAXIMUS Federal Services

Case Number:	CM14-0011341		
Date Assigned:	02/21/2014	Date of Injury:	01/09/2012
Decision Date:	08/01/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/28/2014

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 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:

This is a 54-year-old female with a date of injury of 1/9/12. The mechanism of injury was due to continuous trauma. On 12/11/13, she complains of pain 5/5 in her right wrist and hand, and 6/10 in her left hand and wrist. On exam the patient has positive Durkin's, Tinel's and Phalen's in the bilateral wrists. The diagnostic impression is incomplete carpal tunnel release, bilaterally, and bilateral upper extremity paresthesias. The treatment to date includes surgery, occupational therapy, physical therapy and TENS unit. A UR decision dated 12/30/13 denied the request for acupuncture and physical therapy for bilateral wrists and hands. Guidelines do not recommend acupuncture for the wrists and hands as an effective therapy for Carpal Tunnel Syndrome (CTS). There was no medical rationale provided as to why she cannot transition to a self-directed home exercise program to address any residual deficits. The medical record documentation does not indicate a clinical necessity for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 (bilateral wrists/hands): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

(ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Functional Chapter, Page 114.

Decision rationale: California MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, the medical records do not establish whether there the patient previously participated in acupuncture or whether there was evidence of functional improvement. If this is an initial course of acupuncture, guidelines support an initial trial of 3 to 6 sessions to establish efficacy, and this request is for 12 sessions. Therefore, the request for acupuncture 2X6 bilateral wrists/hands was not medically necessary.

PT 2x6 (bilateral wrists/hands): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Functional Chapter Pg 114.

Decision rationale: California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, the medical records do not establish what recent treatment the patient has completed. She had postoperative physical therapy after her prior carpal tunnel releases, and the records do not establish specific outcomes or functional improvement after each session. Therefore, the request for PT 2x6 bilateral wrist/hands was not medically necessary.