

<b>Case Number:</b>	CM14-0018314		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Georgia and 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 injured worker is a 26 year old female who reported an injury on 01/13/2011. The mechanism of injury was repetitive grasping/gripping. As per chiropractic note dated 01/06/2014, the injured worker reported pain to bilateral elbow, forearm, wrist and hand. The symptoms were prominent to the right side, increase with repetitive and forceful grasping/gripping activities with the bilateral upper extremities. The physical examination noted right upper extremity well-healed operative scar along the forearm with tenderness to palpation, tenderness to palpation over the medial and lateral epicondyles. Tinel's test was negative at the right elbow, tinel's and phalen's were negative in the right wrist. Right elbow ranges of motion noted flexion was 130 degrees, extension was 0 degrees, pronation was 80 degrees and supination was 80 degrees. Left forearm noted well-healed operative scar. Tinel's test was negative at the left elbow, Tinel's and Phalen's were negative at the left wrist. Ranges of motion were flexion 130 degrees, extension was 0 degrees, pronation was 80 degrees and supination was 80 degrees. Ranges of motion of the right wrist were flexion 40 degrees and extension 70 degrees, Left wrist flexion was 60 degrees and extension was 80 degrees. As per clinical note dated 10/31/2013 the injured worker underwent ulnar shortening of the right forearm on 01/17/2014 as well as left ulnar shortening osteotomy on 11/01/2012. The injured worker states the left hand is asymptomatic and she has good rotation in the forearm and minimally impaired strength. The provider documented the right wrist revealed significant displacement or travel of the distal ulnar surface. The provider recommends repair of the triangular fibrocartilage may be possible. The injured worker had diagnoses of tenosynovitis bilateral elbows, wrist and forearms, status post osteotomy of right ulnar and left elbow. The request for authorization for the request was signed on 01/06/2014. The provider is requesting the injured worker to have 8 sessions of acupuncture therapy to the bilateral wrist and elbow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **POST-OPERATIVE ACUPUNCTURE X 8 BILATERAL WRISTS/ELBOW:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The injured worker reported pain to bilateral elbow, forearm, wrists and hands. The injured worker underwent a left and right ulnar shortening osteotomy. The California MTUS guidelines recommend acupuncture is used as an option when pain medication is reduced or not tolerated it may be used as an adjunct to physical therapy and or surgical intervention to hasten function recovery. Guidelines recommend 3-6 sessions to produce effect. The injured worker does not show signs of the need for bilateral acupuncture as the provider documented left wrist to be asymptomatic. In addition, the provider has recommended the patient to undergo additional surgery for the right wrist to improve function. Furthermore, the request for 8 sessions exceeds guideline recommendations for initial duration of care. Therefore, bilateral acupuncture is not supported by clinical findings.

### **POST-OPERATIVE CHIROPRACTIC X 8 BILATERAL WRISTS/ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** California MTUS guidelines recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The guidelines note chiropractic care is not recommended for the forearm, wrist, and hand. The provided documentation did not include adequate documentation of significant functional deficits to the left forearm, wrist, and hand. Therefore, the request for chiropractic care to the bilateral wrist/ elbow is not medically necessary.