

Case Number:	CM14-0019388		
Date Assigned:	04/21/2014	Date of Injury:	10/10/2011
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation, has a subspecialty in Sports 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 claimant is a 30 year old female who reported an injury on 10/10/2011 secondary to unknown mechanism of injury. The claimant was evaluated on 12/16/2013 for reports of feeling much better after physical therapy and acupuncture, however, she stated her hand did not want to move to use a keyboard. The exam noted minimal swelling of the left hand and wrist, decreased range of motion in the wrist, decreased grip strength, tenderness over the dorsal compartment of the left wrist, decreased range of motion of the shoulders bilaterally and a positive Tinel's sign to the wrists bilaterally. The diagnoses included left De Quervain's tenosynovitis, bilateral shoulder impingement syndrome, left elbow epicondylitis and bilateral carpal tunnel syndrome. The treatment plan included continued physical therapy, acupuncture and a functional capacity evaluation. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 VISITS OF ACUPUNCTURE- BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Treatment Guidelines recommend acupuncture 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is a lack of significant evidence of the efficacy of acupuncture such as range of motion and pain values before and after treatment in the documentation noted. Therefore, the request for six visits of acupuncture for the bilateral wrists is not medically necessary and appropriate.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79. Decision based on Non-MTUS Citation The Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM Guidelines state that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines state a functional capacity evaluation is not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. In this case, the exam notes indicate the reasoning for the request is to evaluate the employee's task abilities for disability rating. Therefore, the request for functional capacity evaluation is not medically necessary and appropriate.