

Case Number:	CM14-0110855		
Date Assigned:	08/01/2014	Date of Injury:	02/14/2014
Decision Date:	10/08/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/16/2014

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, 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:

The injured worker is a 48-year-old female who reported an injury on 02/14/2014 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to the bilateral upper extremities and emotional trauma. The injured worker's treatment history included physical therapy, medications, bracing, and psychological support. The injured worker was evaluated on 06/16/2014. It was documented that the injured worker had persistent bilateral hand pain and numbness, bilateral elbow pain, and stress and depression. Objective findings included decreased sensation of the bilateral median nerve distribution, a positive Tinel's sign of the bilateral wrists, a positive Phalen's sign of the bilateral wrists, positive elbow flexion test bilaterally, and a positive Tinel's sign over the cubital tunnel bilaterally. The injured worker's diagnoses included bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and psychiatric distress. The injured worker's treatment plan included physical therapy 1 time a week for 6 weeks in conjunction with acupuncture treatment 1 time a week for 6 weeks, and medications. A request for authorization was not provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x 6 left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested Physical therapy 1 x 6 left wrist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. There is a concurrent request for acupuncture. The California Medical Treatment Utilization Schedule does recommend acupuncture as an adjunctive treatment. However, as the patient has already participated in physical therapy and should be participating in a home exercise program, the need for additional physical therapy is not clearly supported. As such, the requested Physical therapy 1 x 6 left wrist is not medically necessary or appropriate.

Physical therapy 1 x 6 right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested Physical therapy 1 x 6 right wrist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. There is a concurrent request for acupuncture. The California Medical Treatment Utilization Schedule does recommend acupuncture as an adjunctive treatment. However, as the patient has already participated in physical therapy and should be participating in a home exercise program, the need for additional physical therapy is not clearly supported. As such, the requested Physical therapy 1 x 6 right wrist is not medically necessary or appropriate.

Acupuncture 1 x 6 left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture 1 x 6 left wrist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend acupuncture as an adjunctive treatment to reduce medications, reduce anxiety, and assist with functional restoration. The clinical documentation submitted for review does not provide any evidence that the injured worker has previously participated in acupuncture. Therefore, a clinical trial of 6 visits of acupuncture would be indicated. However, the justification for the

acupuncture or treatment plan was not provided. There is no documentation of treatment goals. It is not clearly indicated if acupuncture is being prescribed to reduce medications or to assist with anxiety related symptoms. Therefore, the use of this treatment would not be supported in this clinical situation. As such, the requested Acupuncture 1 x 6 left wrist is not medically necessary or appropriate.

Acupuncture 1 x 6 right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture 1 x 6 right wrist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend acupuncture as an adjunctive treatment to reduce medications, reduce anxiety, and assist with functional restoration. The clinical documentation submitted for review does not provide any evidence that the injured worker has previously participated in acupuncture. Therefore, a clinical trial of 6 visits of acupuncture would be indicated. However, the justification for the acupuncture or treatment plan was not provided. There is no documentation of treatment goals. It is not clearly indicated if acupuncture is being prescribed to reduce medications or to assist with anxiety related symptoms. Therefore, the use of this treatment would not be supported in this clinical situation. As such, the requested Acupuncture 1 x 6 right wrist is not medically necessary or appropriate.

Relafen (dosage/quantity not listed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67.

Decision rationale: The requested Relafen (dosage/quantity not listed) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend non-steroidal anti-inflammatory drugs in the management of chronic pain. The injured worker does have ongoing pain complaints that would benefit from the use of a non-steroidal anti-inflammatory drug. However, the request as it is submitted does not clearly identify dosage or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Relafen (dosage/quantity not listed) is not medically necessary or appropriate.

Tramadol (dosage/quantity not listed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Tramadol (dosage/quantity not listed) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the injured worker is monitored for aberrant behavior. Additionally, there was no documentation of functional benefit or pain reduction resulting from the use of the medication. Furthermore, the request as it is submitted does not clearly identify a dosage, frequency, or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Tramadol (dosage/quantity not listed) is not medically necessary or appropriate.