

Case Number:	CM14-0144927		
Date Assigned:	10/14/2014	Date of Injury:	05/14/2014
Decision Date:	12/08/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 43-year-old woman with a date of injury of 05/14/2014. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 05/15/2014 indicated the worker was experiencing pain in both hands and wrists and increased stress. No other clinical records were submitted for review. A detailed examination was not documented. The reviewed documentation concluded the worker was suffering from carpal tunnel syndrome involving wrists, repetitive motion syndrome, and tenosynovitis involving both wrists. Treatment recommendations included adjusted oral and topical pain medication, continued psychotherapy, wrist supports, hot/cold packs, physical therapy three times a week for four weeks, and follow up care. A Utilization Review decision was rendered on 08/05/2014 recommending non-certification for physical therapy for both wrists twice weekly for six weeks and for acupuncture for both wrists twice weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 time 6 bilateral wrist: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. A treating physician note dated 05/15/2014 indicated the worker was experiencing pain in both hands and wrists and high amounts of stress. No other clinical records were submitted for review. A detailed examination was not documented. The reviewed record concluded the worker was suffering from carpal tunnel syndrome involving wrists, repetitive motion syndrome, and tenosynovitis involving both wrists. There was no discussion of prior treatments and their results, prior pain levels and function, new or worsening symptoms, or the reason physical therapy was suggested at this time. In the absence of such evidence, the current request for physical therapy for both wrists twice weekly for six weeks is not medically necessary.

Acupuncture 2 times 6 bilateral wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, and improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. A treating physician note dated 05/15/2014 indicated the worker was experiencing pain in both hands and wrists and high amounts of stress. No other clinical records were submitted for review. A detailed examination was not documented. The reviewed record concluded the worker was suffering from carpal tunnel syndrome involving wrists, repetitive motion syndrome, and tenosynovitis involving both wrists. There was no discussion of prior treatments and their results, prior pain levels and function, new or worsening symptoms, or the reason acupuncture was suggested at this time. In the absence of such evidence, the current request for acupuncture for both wrists twice weekly for six weeks is not medically necessary.