

Case Number:	CM14-0156946		
Date Assigned:	09/29/2014	Date of Injury:	08/16/2013
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Rehabilitation, has a subspecialty Interventional Spine 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 patient is a 28 year old female with an injury date of 08/16/13. Based on the 10/01/14 progress report provided by [REDACTED], the patient complains of bilateral wrist, right elbow and right hand pain. Physical examination revealed normal range of motion to the wrist, elbow, cervical and lumbosacral spine. Tenderness to palpation and spasm was noted on right trapezius muscle. Pain to palpation noted at right epicondyle. Tinel's and Phalen's were positive on right wrist. Under the Plan heading, it is stated continue acupuncture 2 x 6 and physical therapy 3 x 4. Diagnosis is as of 10/01/14: Cervicalgia, neck pain- carpal tunnel syndrome - elbow tendonitis - low back pain. The utilization review determination being challenged is dated 09/16/14. The rationale follows: 1) Acupuncture 2 x 6 for the left wrist: no abnormal finding to support need for acupuncture. Patient is receiving acupuncture twice a week for the neck and lower back per report dated 07/02/14. 2) Physical therapy 3 x 4 for the cervical, lumbar spine, right hand and elbow: she completed 30 sessions of physical therapy as of 03/27/14 without durable improvement. [REDACTED] is the requesting provider, and he provided treatment report dated 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain chapter, Acupuncture

Decision rationale: Patient presents with bilateral wrist, right elbow and right hand pain. The request is for Acupuncture 2 x 6 for the left wrist. Her diagnosis dated 10/01/14 includes cervicalgia, carpal tunnel syndrome, elbow tendonitis and low back pain. ODG-TWC Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Per the progress report dated 10/01/14, under the Plan heading, it is stated continue acupuncture 2 x 6. The provider has not documented functional benefits following initial trial of acupuncture, nor has total number of sessions patient received. The request exceeds what is allowed by guidelines. Such as, Acupuncture 2x6 for the left wrist is not medically necessary.

Physical therapy 3x4 for the cervical, lumbar spine, right hand and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: Patient presents with bilateral wrist, right elbow and right hand pain. The request is for Physical therapy 3 x 4 for the cervical, lumbar spine, right hand and elbow. Her diagnosis dated 10/01/14 includes cervicalgia, carpal tunnel syndrome, elbow tendonitis and low back pain. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per progress report 10/01/14, under the Plan heading, it is stated "physical therapy 3 x 4. Per utilization review letter dated 09/16/14, she completed 30 sessions of physical therapy as of 03/27/14 without durable improvement. The provider has not documented functional improvement from physical therapy, nor reason why patient needs further treatments. Furthermore, the request exceeds what is allowed by MTUS. Such as, Physical therapy 3x4 for the cervical, lumbar spine, right hand and elbow is not medically necessary.