MAXIMUS Federal Services

Case Number:	CM14-0164792		
Date Assigned:	10/09/2014	Date of Injury:	10/30/2002
Decision Date:	11/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 53-year-old female who was injured on October 30, 2002. The patient continued to experience pain in her right shoulder and left wrist. Physical examination was notable for decreased range of motion of the cervical spine, improved range of motion in the right shoulder, tenderness to palpation of the left wrist over radial side, normal motor function, and grossly intact sensation. Diagnoses included rotator cuff disorders and arthropathy of lower leg. Treatment included medications and psychiatric treatment. Requests for authorization for MRI left wrist, orthopedic surgeon referral for right shoulder, orthopedic referral for left carpal tunnel syndrome, and acupuncture once weekly for 4 weeks for right shoulder, neck, bilateral wrists, and left knee were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262,269.

Decision rationale: Carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. In this case the patient is being evaluated for left carpal tunnel syndrome. MRI of the left wrist is indicated only when looking for infection. There is no medical necessity for MRI of the left wrist. Therefore, this request is not medically necessary.

Orthopedic Surgeon referral for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: Referral for surgical consultation may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months, plus existence of a surgical lesion, failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, or clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. In this case there is no documentation of imaging of a lesion that would benefit from surgical intervention. In addition the patient's range of motion is improving. There is no medical indication for orthopedic surgical referral for the right shoulder. Therefore, this request is not medically necessary.

Orthopedic Surgeon referral for the left CTS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262,269.

Decision rationale: Carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies

may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electro diagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. In this case there is no documentation that electrodiagnostic testing has proved the diagnosis of carpal tunnel syndrome. Therefore, this request is not medically necessary.

Acupuncture 1 x 4 for the right shoulder, neck, bilateral wrists, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Section 9792.24.1 of the California Code of regulations states that Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. OGD states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case there are several anatomical locations requested for treatment by acupuncture. Assessment of functional improvement is not feasible with in this situation. In addition there is no documentation that the patient is participating in active rehabilitation. Therefore, this request is not medically necessary.