

<b>Case Number:</b>	CM14-0176993		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2014

### 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 in Pain Management 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 37-year-old male who sustained an injury on 4/25/14. As per the 9/30/14 report, he presented with complaints of significant discomfort in the DIP joint of the left little finger increased with activity and ROM. As per the 8/27/14 report, she presented with constant moderate sharp left hand pain and weakness and complaints of depression, anxiety and irritability, and insomnia. Exam revealed tenderness to palpation of the palmar aspect of the left hand. X-ray of the left small finger dated 4/25/14 revealed a fracture of the distal phalanx dorsally at the DIP joint, mild dorsal displacement, and 50% of the articular surface was involved. MRI of the left hand revealed abnormal soft tissue and bone marrow signal at the 5th middle and distal phalanx. Electrodiagnostic studies dated 8/6/14 revealed that the palmar branches pass over the wrist retinaculum, so high amplitudes suggested proximal pathology or localized damage and below average amplitudes suggested irritation which warrants investigation to rule in or out the source of irritation or concomitant pathology. He underwent closed reduction and percutaneous pinning of the left small finger and finger splint application on 4/30/14. Subsequently pins were removed and he underwent unknown number of post-operative sessions of PT and also unknown number of prior sessions of acupuncture. Post-operatively he had tried Norco, Ultram, Tylenol #3 as well as Lodine and also taking Klonopin and Xanax for anxiety. As per the 7/7/14 report, he has attended his first initial postoperative round of therapy which caused a lot of pain. He had complex psychological evaluation on 8/18/14. Diagnoses include left interphalangeal joint fracture and repair, anxiety, and depression. The request for Acupuncture 1 x 6, Toxicology testing 1 x 6, Office consultation for initial psychology evaluation, Acupuncture 1 x 6 and physical therapy 1 x 6 finger was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** "Acupuncture" is used 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. 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 is not documentation of any significant improvement in pain level (i.e. VAS) or function with previous treatments. Furthermore, indication for treatment has not been specified. The above criteria are not met and therefore, the medical necessity of the request of Acupuncture is not established.

**Toxicology testing 1 x 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug test Page(s): 43.

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case however, there is no documentation of non-compliance with medications or any addiction or aberrant behavior. There is no record of previous urine drug screen to show it is time for a repeat test. Furthermore, the reason for urine toxicology test 1 x 6 has not been mentioned. Thus, the request for urine drug screen is not medically necessary in accordance to guidelines and due to lack of documentation.

**Office consultation for initial psychology evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Evaluation and Consutation.

**Decision rationale:** As per CA MTUS/ACOEM guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the specific issue for the psychology consultation has not been addressed. Furthermore, the injured worker has had psychological consultation on 8/18/14. It is not clear as to why another psychological consultation is requested. Therefore, the medical necessity of the requested services cannot be established at this time.

**Acupuncture 1 x 6 and physical therapy 1 x 6 finger:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** "Acupuncture" is used 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. 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, the IW has already received unknown number of acupuncture postoperatively; there is no documentation of any significant improvement and thus additional treatments would exceed the guidelines recommendations. Regarding physical therapy, CA MTUS guidelines state that physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Also, the request for additional physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.