

Case Number:	CM14-0179073		
Date Assigned:	11/03/2014	Date of Injury:	10/16/2012
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 woman with a date of injury of October 16, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the medical evaluation dated May 27, 2014, the injured worker has been undergone bilateral carpal tunnel release. An MRI of the cervical spine dated July 2008 revealed C6-C7 moderate desiccation and a 3 mm central protrusion. No other abnormalities of the cervical spine were seen on examination. The injured worker has had acupuncture treatments, chiropractic care, and physical therapy in the past. The exact dated were not documented in the medical record. There is a prescription in the medical record dated June 12, 2014 for physiotherapy and acupuncture for the right shoulder, wrist and hands 2 times a week for 6 weeks. In the progress note dated August 29, 2014, the injured worker complains of neck pain, right shoulder/arm pain, right elbow/forearm pain, right wrist/hand pain, and left wrist/hand pain. Physical Examination reveals: Light touch sensation of the right lateral shoulder, right thumb top, right long tip, and right small tip are intact. There are no other objective physical findings documented. There is no objective function improvement documented. The injured worker has been diagnosed with cervical spine disc bulge; right shoulder internal derangement; right cubital tunnel syndrome; left cubital tunnel syndrome; right wrist surgeries, right carpal tunnel syndrome, left wrist surgery, and left carpal tunnel syndrome. Documentation indicated that the injured worker has completed current therapy treatment and tolerated it well. Treatment plan includes therapeutic exercises, joint mobilization, and education and home exercise program. Current medications were not documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the cervical spine and right and left wrist, twice per week for six weeks:
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); Neck Section; Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines acupuncture under the guidelines is not recommended for neck pain. Despite substantial increases in popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture guidelines: initial trial 3 to 4 visits over two weeks. With evidence of objective functional improvement, total of up to 8 to 12 visits over a 4 to 6 weeks. In this case, the medical record provides diagnosis of impingement syndrome right shoulder and carpal tunnel syndrome and cervical disc bulge. There is no documentation supporting acupuncture to the cervical spine and the guidelines do not recommend acupuncture to the cervical spine. Consequently, acupuncture cervical spine and right and left wrists twice per week for six weeks is not medically necessary.

Ergonomic chair for work: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Back Sections, Ergonomics

Decision rationale: Per the Official Disability Guidelines, ergonomics are under study. Ergonomics are recommended as an option as part of a return to work program for injured workers. There is conflicting evidence for prevention, so case-by-case recommendations are necessary. In this case, there is no ergonomic evaluation documentation provided for review in the medical record. Additionally, the medical records do not clearly identify warmth for ergonomics that are suspected as a contributing factor to the injured worker's complaints. Consequently, an ergonomic chair is not medically necessary. Based on clinical information in the medical record of the peer-reviewed evidence-based guidelines, ergonomic chair is not medically necessary.