

Case Number:	CM14-0022143		
Date Assigned:	05/09/2014	Date of Injury:	08/01/2008
Decision Date:	08/12/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51 year old female who sustained an injury to his right wrist on 08/01/08 after helping move patients in a convalescent home. The injured worker complained of pain in her right wrist, thumb with associated weakness the injured worker stated that physical therapy on the hand provided temporary relief and decreased her wrist swelling. The injured worker had never had surgery or injections on the right wrist/thumb. There was no imaging of the right wrist. Physical examination noted wrist range of motion testing flexion right 80 degrees, extension 60 degrees, ulnar deviation 25 degrees, radial deviation 20 degrees; positive Tinel's and Phalen's signs. The injured worker was diagnosed with right wrist pain, rule-out carpal tunnel syndrome, chronic. The injured worker was given a right wrist splint to help with daily activities and advised to continue physiotherapy for the right wrist three times a week times four weeks with work conditioning to increase global endurance.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There was no clinical documentation of functional improvement. Objective evidence of improvement must include objectively measurable, functional treatment goals must be achieved/submitted before additional treatment can be considered appropriate. The California Medical Treatment Utilization Schedule states that 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. There was no indication that the injured worker is actively participating in a home exercise program. Given this, the request for acupuncture times 12 visits is not indicated as medically necessary.

RE-EVALUATION EVERY FOUR (4) WEEKS OR TWELVE (12) SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm wrist and hand chapter, Office visits.

Decision rationale: The request for reevaluation every four weeks or 12 sessions is not medically necessary. The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon review of the patient concerns, signs, and symptoms, clinical stability, and reasonably physician judgement; however, given that the concurrent request for acupuncture times 12 visits was non-certified, the request for reevaluation every four weeks or 12 sessions is not indicated as medically necessary.