

<b>Case Number:</b>	CM14-0045990		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in 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 52-year-old female with a date of injury of 11/08/2013. The listed diagnoses per [REDACTED] are: 1. Bilateral wrist strain. 2. Right trigger thumb. 3. Stress, anxiety, depression, and insomnia. According to doctor's first report 03/18/2014 by [REDACTED], the patient presents with constant severe pain, stiffness, and soreness of the bilateral wrists. She has constant radiating pain to her hands, forearms, elbows, shoulders, and tension to the neck. Examination revealed the patient uses a right thumb splint and has tenderness of the radial wrist structures. Finkelstein's test is positive. There is tenderness of the right thumb flexor noted. The treater recommends physical therapy to the wrists and hands 3 times a week for 4 weeks and acupuncture sessions to the wrists and hands 2 times a week for 6 weeks. Utilization review denied the request on 04/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy visits for bilateral wrists and hands three (3) times weekly for four (4) weeks to the bilateral wrists and hands:** Upheld

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

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

**Decision rationale:** This patient presents with pain, stiffness, and soreness of the bilateral wrists with constant radiating pain to her hands, forearms, elbows, shoulders, and tension to the neck. The treater is requesting physical therapy 3 times a week for 4 weeks for the bilateral wrists and hands. For physical medicine, the MTUS Guidelines 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. Utilization review modified the certification from 12 sessions to 6 sessions stating that there is no documentation of any physical therapy and initial course of PT would be reasonable and guidelines recommended trial of 6 visits in this case. The patient has a date of injury of 11/08/2013. The patient was initially seen by [REDACTED] on 03/18/2014, in which the treater recommended a trial of physical therapy 3 times a week for 4 weeks for the bilateral wrists and hands. In this case, medical records indicate the patient has not tried physical therapy and given the patient's complaints, a course of 9 to 10 session is warranted. However, the treater is requesting a trial of 12 visits, which exceeds what is recommended by MTUS. Therefore, the request for physical therapy is not medically necessary.

**Acupuncture visits, two (2) times weekly for six (6) weeks for bilateral wrists and hands:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

**Decision rationale:** This patient presents with pain, stiffness, and soreness of the bilateral wrists with constant radiating pain to her hands, forearms, elbows, shoulders, and tension to the neck. The treater is requesting 12 sessions of acupuncture. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of pain. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Acupuncture treatments can be extended if functional improvement is documented. In this case, there is no treatment history that includes prior Acupuncture treatments. Given the patients continued pain and stiffness an initial course of 3 to 6 sessions may be warranted. However, the treater is requesting 12 sessions which exceeds what is recommended by MTUS. Therefore, the request for Acupuncture is not medically necessary.