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| Case Number: | CM14-0063710 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 12/02/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 04/24/2014 |
| Priority: | Standard | Application Received: | 05/06/2014 |

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 licensed in Chiropractic and Acupuncture 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 42 year old male who is suffering from pain in his fingers and thumb from an injury sustained on 12/02/13. Patient was cutting a block of wood with an electric saw when the saw jumped and he suffered a laceration on his left index finger. An X-ray of the left hand and wrist on 01/11/14 revealed no abnormalities. MRI of the left wrist on 04/01/2014 revealed slight flattening of the median nerve as it courses deep to the flexor retinaculum demonstrating mild increased signal on the long T-1 weighted data set; correlate for suspicion of carpal tunnel syndrome, no other abnormalities noted. MRI of the left hand on 04/01/2014 revealed prominence of vascularity or edematous signal at the distal phalanx of the fifth digit; correlate with suspicion for osseous contusion. Motion related artifact and partial voluming can stimulate this appearance, no other abnormalities noted. AN EMG on 04/17/14 revealed occasional to intermittent fibrillation potentials and positive sharp waves elicited from the left dorsal intraosseous muscle and left abductor digiti minimi muscles; it is believed to be an abnormal EMG as the findings are consistent with left ulnar nerve pathology vs. a left sided cervical radiculopathy. Patient is diagnosed with sprain/strain of the left index finger, laceration of the fingers without infection and carpal tunnel syndrome of the left hand/wrist. Based on documentation provided it is unclear what types of treatment the patient has received. Per notes dated 04/15/14, patient states he is experiencing pain in fingers and thumb at a level of 3/10 and specifically in the left index finger at a level of 6/10. He indicates he is experiencing difficulty sleeping due to the pain and wakes during the night. The pain is improved with rest and modified activity. Primary treating physician requested 2X3 acupuncture visits which were modified to 2X2 by the utilization reviewer per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with Infrared & Myofascial Release - 6 Session, 2 x per week for 3 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (Carpal Tunnel Syndrome; hand, wrist and Forearm)>, <Insert Topic (Acupuncture)>

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Provider is requesting initial trial of 6 acupuncture treatments with myofascial release and infrared heat which were modified to 4 acupuncture sessions by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. California MTUS Chronic Pain treatment guidelines do not address infrared therapy other national guidelines such as ODG do not recommend infrared. Official Disability Guidelines do not recommend acupuncture for hand, wrist or forearm pain. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.