Case Number:	CM14-0065223		
Date Assigned:	07/11/2014	Date of Injury:	06/28/2012
Decision Date:	09/10/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/08/2014

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 Emergency 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 38 year-old female, who sustained an injury on June 28, 2012. The mechanism of injury occurred from a crush injury to the right hand. Pertinent diagnostic were not noted. Treatments have included: medications, physical therapy, activity restriction, right stellate ganglion block June 27, 2014. The current diagnoses are, right hand crush injury, chronic regional pain syndrome of the right upper extremity. The stated purpose of the request for Physical Therapy three (3) times four (4) weeks to the right thumb and hand, was not noted. The request for Physical Therapy three (3) times four (4) weeks to the right thumb and hand, was denied on April 22, 2014, citing a lack of documentation of: improvement from completed physical therapy sessions, the deficits to be addressed, measurable goals and time frame, clinical findings to indicate the need for additional skilled physical therapy over an independent home exercise program. The stated purpose of the request for Acupuncture two (2) times three (3) weeks to the right thumb and hand, was to decrease inflammation and pain. The request for Acupuncture two (2) times three (3) weeks to the right thumb and hand, was denied on April 22, 2014, citing a lack of documentation of evidence-based medical guidelines in support of the use of acupuncture in the treatment of forearm, wrist, hand injuries. Per the report dated March 21, 2014, the treating physician noted that activities of daily living are helped with medications. Exam findings included right hand and thumb tenderness, with Jamar testing greater than 5. Per the report dated April 11, 2014, the treating physician noted complaints of increasing right hand sensitivity and weakness. Exam findings included right thumb hyperalgesia, right upper extremity hyperesthesia, 4/5 diffuse right upper extremity motor deficit, less intrinsic muscle spasm. Per the report dated May 30, 2014, the treating physician noted complaints of right thumb pain, as well as sensitivity and weakness. The treating physician further noted that spasm was refractory to physical therapy. Exam findings included right thumb hyperalgesia, distal right

upper extremity hyperesthesia, intrinsic muscle spasm. Per a February 22, 2014 AME report, future medical treatment was to include physical therapy, ganglion blocks, medications and a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times four (4) weeks to the right thumb and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment Index, Current Edition (web), current year, Pain: Physical therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy.

Decision rationale: The requested Physical Therapy three (3) times four (4) weeks to the right thumb and hand, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, Pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions as a transition to a dynamic home exercise program. The injured worker has persistent right thumb and hand pain and sensitivity with radiation to the right upper extremity and occasional change of colors. The treating physician has documented right thumb hyperalgesia, right upper extremity hyperesthesia, 4/5 diffuse right upper extremity motor deficit, less intrinsic muscle spasm. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy three (3) times four (4) weeks to the right thumb and hand, is not medically necessary.

Acupuncture two (2) times three (3) weeks to the right thumb and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment Index, Current Edition (web), current year, Forearm, wrist, hand: Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Acupuncture.

Decision rationale: The requested Acupuncture two (2) times three (3) weeks to the right thumb and hand, is not medically necessary. The CA MTUS Acupuncture Guidelines recommend note

that in general acupuncture may be used as an adjunct to physical rehabilitation. However, Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Acupuncture, note that acupuncture is not recommended for forearm, wrist and hand complaints. The injured worker has persistent right thumb and hand pain and sensitivity with radiation to the right upper extremity and occasional change of colors. The treating physician has documented right thumb hyperalgesia, right upper extremity hyperesthesia, 4/5 diffuse right upper extremity motor deficit, less intrinsic muscle spasm. The treating physician has not documented evidence-based, nationally-recognized, peer-reviewed medical literature in support of this treatment as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Acupuncture two (2) times three (3) weeks to the right thumb and hand, is not medically necessary.