

Case Number:	CM14-0096688		
Date Assigned:	07/23/2014	Date of Injury:	12/01/2001
Decision Date:	08/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational 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:

This patient is a 62 y/o female who has developed chronic upper extremity pain secondary to cumulative injury dated 12/01/01. Her primary treating physician is an acupuncturist. She receives 12 sessions of acupuncture on an annual basis and it is stated that this allows her to remain at full duties and avoid medications. She is active in a home exercise program. Prior orthopedic evaluations completed several years ago have diagnosed chronic tendonitis and lateral epicondylitis. The current treating physician has documented exam findings that could be consistent with carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic referral for Consultation for Carpal Tunnel Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary - evaluation & Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The request for orthopedic surgery consultation is consistent with guideline standards. Additional testing may be necessary and it is likely that the primary treating physician

is unable to order those. The reported signs and symptoms support a possible diagnosis of carpal tunnel syndrome. Guidelines support further evaluation as being medically necessary.

Acupuncture Qty: 12 to Expire January 31, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual Therapies Page(s): 58.

Decision rationale: Acupuncture Guidelines support the possibility of extended acupuncture if there are functional improvements. However, the Acupuncture Guidelines are not specific regarding a reasonable frequency of treatments on a longer term basis. The MTUS Chronic Pain Guidelines do provide some guidance for long term use of other passive modalities. Under the section for Manual Therapy, it is recommended that if functional benefit is demonstrated by returning to work, then 1-2 sessions every 4-6 months is reasonable on a long term basis. This recommendation from the Chronic Pain Guidelines is reasonable to apply to these circumstances, but the request significantly exceeds this amount. The request for 12 sessions (per year) is not medically necessary.