

Case Number:	CM14-0096968		
Date Assigned:	07/28/2014	Date of Injury:	06/10/2013
Decision Date:	09/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 Preventive Medicine, has a subspecialty in Occupational 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:

For review are the requests for Additional Acupuncture x 6 Visits ; and Additional Physical Therapy x 12 Visits for the 53 year old injured worker who was injured at work on 06/10/2013. The complainant reported constant sharp pain in the shoulders, wrists and elbows; together with shooting pain, that is associated with numbness and tingling sensation in the hands. The injured worker is reported to have had right Carpal tunnel release in 6/2013; left carpal tunnel release in 06/2014. The physical examination revealed tenderness of the shoulders, elbows and wrists, positive cervical compression test, positive tines's phalen's. The worker has been diagnosed of Bilateral carpal tunnel syndrome, Brachial Neuritis/ Radiculitis; Cervical Intervertebral disc Displacement without myelopathy. MRI of the cervical spine dated 12/ 31/2013 disc dessication at C2-C3 C4-C5; left elbow MRI dated 02/26/14 was unremarkable. The injured worker is reported to have been authorized for 6 sessions of physical therapy, and 6 sessions of acupuncture for the shoulder, neck and elbows on 12/30/2013. The dispute is regarding additional physical therapy and acupuncture that was made before she had left Carpal tunnel release on 06/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture x 6 Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 8-9.

Decision rationale: The injured worker sustained a work related injury on 06/10/2013. The medical records provided indicate the diagnosis of Bilateral carpal tunnel syndrome, Brachial Neuritis/ Radiculitis; Cervical Intervertebral disc Displacement without myelopathy. Treatments have included right l carpal tunnel surgery, Acupuncture and Physical therapy the medical records provided for review does not indicate a medical necessity for Additional Acupuncture x 6 Visits. The MTUS does not recommend extending Acupuncture treatments if there is no documented functional improvement. The injured worker remained off work at this time, whereas the guidelines regard 3-6 acupuncture treatments as enough time to produce improvement. Based on the above, this request is not medically necessary.

Additional Physical Therapy x 12 Visits: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 06/10/2013. The medical records provided indicate the diagnosis of Bilateral carpal tunnel syndrome, Brachial Neuritis/ Radiculitis; Cervical Intervertebral disc Displacement without myelopathy. Treatments have included right l carpal tunnel surgery, Acupuncture and Physical therapy. The medical records provided for review do not indicate a medical necessity for Additional Physical Therapy x 12 Visits. The MTUS recommends up to 3 visits per week to 1 or less, then to continue with self-directed therapy in cases of r chronic pain cases. The reports revealed there was no documented improvement in function after the initial therapy. Therefore, the requested treatment is not medically necessary.