

Case Number:	CM14-0198189		
Date Assigned:	12/08/2014	Date of Injury:	02/13/2012
Decision Date:	01/20/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal 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 case involves an injured worker with a date of injury of 02/12/2012. Pursuant to the Primary Treating Physician's Progress Note dated October 16, 2014, the injured worker is status post right thumb UCL reconstruction using PL tendon and carpal tunnel release surgery performed October 25, 2013. The injured worker has completed 12 visits of hand therapy. She reports that the thumb is overall significantly improved. She continues to have tenderness along the scar and has restricted motion at the right thumb. Pain is describes as moderate and controlled with medications. She reports some numbness and tingling along the ulnar side of the thumb, present since surgery. The provider states that the injured worker is having signs and symptoms of cubital tunnel, pain and electric like sensations traveling from the elbow to the 5th digit. Objective physical findings revealed full range of motion (ROM) in the elbow. Positive Tinel's test, and positive flexion test is noted. She has tenderness to palpation at the cubital tunnel. Wrist ROM is normal. Thumb motion is restricted; MP motion 0-45 degrees and IP motion 0-50 degrees. Digits 2-5 have full motion. Thenar, hypothenar, and interosseous motors are normal. Light touch sensory testing is decreased on ulnar side of right thumb and in 5th digit. The treating physician states the injured worker also needs new nerve test of the right upper extremity. She may have cubital tunnel. Prior nerve studies were not provided in the medical record. Documentation indicated that the injured worker had prior acupuncture treatment, but the number of session, date of service, and objective functional improvement is not documented. There is one hand therapy/physical therapy note in the medical record that is undated. The current request is for acupuncture 1 times a week for 6 weeks, hand therapy 2 times a week for 6 weeks, EMG/NCV right upper extremity, and custom made MP flexion splint right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 2 x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Summary Table 2, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Pursuant to the ACOEM, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG), hand therapy two times per week for six weeks is not medically necessary. Based on Guidelines, patients should be formally assessed after the six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The Official Disability Guidelines (ODG) enumerates the frequency and duration regarding specific disease states. Physical medicine is recommended post-surgery and specific hand therapy is very important in reducing swelling, decreasing pain and improving range of motion and complex regional pain syndrome (CRPS). In this case, the injured worker underwent surgery on the right thumb. She had a right thumb UCL reconstruction using PL tendon and crumpled time release surgery. This was performed on October 2013. She completed 12 hand surgery physical therapy sessions with improvement. There is a single progress note for a single hand surgery physical therapy session; however, here are no comments. The documentation does not support objective functional improvement as a result of the 12 sessions hand therapy post-surgery. Consequently, absent the appropriate clinical documentation and evidence of objective functional improvement, this request is not medically necessary.

Acupuncture 2 x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Acupuncture.

Decision rationale: Pursuant to the Chronic Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week for six weeks is not medically necessary. Acupuncture is recommended for all acute and subacute hand, wrist and forearm disorders. Acupuncture is an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten his or recovery. The Official Disability Guidelines provide the frequency and duration of an initial trial of acupuncture. An initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement, total of 8 to 12 visits over 4 to 6 weeks. In this case, the medical record indicates the injured worker had acupuncture post-surgery. There is no documentation in the medical

record of past acupuncture sessions. There is no evidence or documentation of objective functional improvement. The guidelines require evidence of objective functional improvement for subsequent acupuncture treatment. Consequently, absent the appropriate documentation and evidence of objective functional improvement, this request is not medically necessary.

EMG/NCV right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Section, NCV/EMG.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines (ODG), EMG/NCV of the right upper extremity is not medically necessary. NCV studies are not recommended to demonstrate radiculopathy if radiculopathy has been clearly identified by EMG obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative. Electrodiagnostic studies are recommended as an option after closed fractures of distal radius and on the as necessary to assess nerve injury. Routine use of NCV or EMG and diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. In this case, the injured worker underwent an EMG nerve conduction velocity study of the right upper extremity in May 2014. The present documentation indicates "patient needs a new nerve test of the right upper extremity". There is no clinical indication or rationale in the medical record indicating why a repeat set of electrodiagnostic studies is indicated to the right upper extremity. As such, this request is not medically necessary.

Custom made MP flexion splint - right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Immobilization

Decision rationale: Pursuant to the Official Disability Guidelines, a custom-made MP flexion splint to the right-hand is not medically necessary. Immobilization treatment is not recommended as primary treatment modalities for undersized fractures or sprains, recommended for displaced fractures. Early mobilization benefits include earlier return to work; decreased pain, swelling and stiffness; and a greater preserve range of joint motion with no increase in complications. In this case, there is no documentation in the medical record with current clinical indications or rationale that points to the custom-made MP flexion splint to the right-hand. The guidelines suggest that immobilization treatment is not recommended as a primary treatment modality. However, the treating physician did not provide clinical documentation with the appropriate indications. Therefore, this request is not medically necessary.

