

Case Number:	CM14-0199010		
Date Assigned:	12/09/2014	Date of Injury:	06/17/2013
Decision Date:	02/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice 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 injured worker's date of injury is 06/17/2013. The initial injury occurred at work and consisted of a fall onto a screen impacting of her right hand, which was hyperextended. Initial treatment included a wrist MRI which showed a ligament tear. The patient received physical therapy. The patient's symptoms have continue and are right elbow, wrist and hand pain with altered sensation. This patient receives treatment for reflex sympathetic dystrophy involving the right arm. Other physicians in the documentation use the term "Complex regional pain syndrome" of the right upper extremity. Electrodiagnostic testing by EMG and NCS were negative. The patient received treatment with a stellate ganglion block on 10/08/2014. Despite that treatment, the right arm symptoms of pain and altered sensation continues. Medications used include Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 Sessions Right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The treatment guidelines state that acupuncture may be medically indicated to hasten recovery of function as an addition to physical rehabilitation. This patient has already had 18 acupuncture sessions without documented evidence of significant pain relief or documented return to function. Additional acupuncture sessions are not medically necessary.

Triple Phase Bone Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Diagnostic Tests

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of osteomyelitis in adults by Tahaniyat Lalani, MBBS, MHS in UpToDate.com

Decision rationale: Per guidelines, a triple phase bone scan is used to diagnose a fracture, when it cannot be seen on an x-ray. It is also used to diagnose bone infection, bone pain, or osteomyelitis. On reviewing the documentation on this case, a triple phase bone scan is not medically necessary.

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRPs Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional restoration programs (FRPs)) Page(s): 30-32.

Decision rationale: The guidelines recommend that certain predictors of efficacy be documented prior to entry into these programs: baseline functional testing, evidence that there is an absence of other options, no signs of surgical plans, and the patient is motivated to change. Based on the documentation, a Functional Restoration Program is not medically necessary.