

Case Number:	CM14-0203751		
Date Assigned:	12/16/2014	Date of Injury:	03/28/2014
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 Florida. 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 patient is a 47-year-old female with a date of injury of 3/28/2014. The mechanism of injury described is washing counters and sinks while throwing water from a bucket when she stuck her left thumb and hand against the counter. She has previously undergone evaluation with a left hand MRI dated 7/10/2014. This MRI had the following impression: "first MTP arthrosis with a small degenerative subcortical cyst in the first metacarpal head. Evidence of mild first MTP capsulitis or sprain. No evidence of occult fracture, ligamentous or tendinous disruption." She has had prior treatment with chiropractic therapy and medications. An initial orthopedic hand surgery visit note indicated that the patient was being suspected of malingering behavior. A pain management physician note stated the patient had "pain over her left thumb, hand, and arm, which she describes as nearly constant with no typical pattern." A 10/20/2014 physical exam noted multiple tender points throughout the left hand, wrist, forearm, and posterior trapezius. Tinel's test at the wrist is noted to cause pain only. A carpal compression test caused pain and local numbness at the thumb. Numbness under the thumb and wrist is considered non physiologic and a nonorganic response. A pain management physician on an 11/13/2014 report requested 8 sessions of acupuncture, 8 sessions of chiropractic therapy, a one time psychological consultation. The patient has also given prescriptions for Protonix, Tramadol, and Ketoprofen. An MRI of the left hand without contrast was also requested. A utilization review physician did not approve the acupuncture treatment, chiropractic therapy treatment, or MRI of the left wrist. Therefore, an independent medical review was requested to determine the medical necessity of the aforementioned requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-11.

Decision rationale: In accordance with California MTUS Acupuncture guidelines "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef)." Section 9792.20 e and f are defined as follows, " (e) "Evidence-based" means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE." "(f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." Acupuncture is also noted to be considered as an option when pain medication is reduced or not tolerated. This patient's physician requested 8 treatments. The above request is not supported by MTUS guidelines. Therefore, this request is not medically necessary.

Chiropractic x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: Manual therapy and manipulation for the forearm, wrist, and hand is not recommended according to California MTUS guidelines. This patient has also previously had chiropractic therapy and her response in terms of objective functional improvement has not been documented. Likewise, this request for an additional 8 chiropractic therapy treatments is not considered medically necessary.

MRI without contrast for the Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, Web Version

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand, Indications for MRI

Decision rationale: In accordance with Official Disability Guidelines, "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The documentation provided does not support a significant change in symptoms that would be indicative of significant pathology. MTUS guidelines do not specifically address repeat MRI studies of the wrist, and likewise the Official Disability Guidelines was referenced. Therefore, this request for a repeat MRI of the left wrist is not medically necessary.