

Case Number:	CM14-0204050		
Date Assigned:	12/16/2014	Date of Injury:	08/17/2013
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
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 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 23-year-old caregiver reported a right wrist injury due to transferring a patient on 08/17/2013. She subsequently reported a compensatory left wrist injury, and depression caused by her wrist condition. Treatment has included medications, physical therapy, chiropractic manipulation, acupuncture and extra-corporeal shock wave therapy. Diagnostic testing included a 1/13/14 MRI of the right wrist which was reported as essentially normal except for minimal to mild tenosynovitis of the extensor carpi radialis. A left wrist MRI was normal. A 9/22/14 bilateral upper extremity EMG/NCS was also reported as normal. The current primary treater has been following this patient since 2/17/14. The available records contain reports from him dated 5/21/14 to 10/24/14. During that time, the patient appears to have made no functional progress whatsoever. She continues to have pain, decreased range of motion, and decreased strength in her hands, wrists and elbows. Although her work status is documented as modified, she has not worked since 5/2014. On 5/21/14 she had a limitation of no lift/pull/push over 10 pounds. On 10/17/14 she is reported as unable to hold "heavy" things weighing over 5 pounds for any period of time. Diagnoses include extensor carpi radialis tenosynovitis of the right wrist, clinical carpal tunnel syndrome bilaterally, and clinical extensor tenosynovitis of the left wrist. The plan included continuing acupuncture once per week for five weeks, and obtaining range of motion and muscle strength testing, as well as a functional capacity evaluation. No rationale was documented for the continued acupuncture. The rationale for the range of motion and strength testing and for the functional capacity evaluation was that the patient is nearing permanent and stationary (P&S) status. Of note is that the records contain an orthopedic AME evaluation dated 10/21/14. The orthopedist noted that the patient had had 20 sessions of acupuncture. He did not feel her physical exam was compatible with carpal tunnel syndrome. He noted that the patient had full range of motion of both upper extremities. His diagnosis was tendinitis of both hands.

He stated that the patient was at maximum medical improvement (this is equivalent to P&S), and gave her a restriction of no repetitive forceful gripping and grasping on the right. He stated that there was no objective evidence of impairment of the left wrist. The request for acupuncture was non-certified in UR on 11/6/14, based on MTUS Acupuncture guidelines. The request for range of motion and muscle testing was non-certified on the same date, based on MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 1 time per week times 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional Improvement. Page(s): 9.

Decision rationale: Per the MTUS Chronic Pain citations, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Acupuncture Guideline states that acupuncture should be performed 1-3 times per week with optimal duration of 1-2 months. The time needed to produce functional improvement is 3-6 visits, and treatment may be extended if functional improvement is documented. The clinical documentation in this case does not support the performance of 5 additional acupuncture sessions. The patient has already had 20 acupuncture sessions without any significant functional improvement. In May 2014 she was able to lift 10 pounds; in October 2014 she is barely able to lift 5 pounds. She has received a number of acupuncture treatments that considerably exceeds that recommended by the Acupuncture Guideline, given that she has demonstrated absolutely no functional improvement. Based on the MTUS guidelines above and on the clinical documentation provided for my review, 5 additional acupuncture sessions are not medically necessary because there is no evidence that the 20 acupuncture treatments the patient has already received resulted in any functional improvement.

Range of motion and muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Function improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter, Computerized muscle testing AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, page 400

Decision rationale: The requested range of motion and muscle testing involves computerized testing. The ODG guideline above states that computerized strength testing is not recommended. There are no studies to support computerized strength testing of the extremities. There is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. The AMA guideline above states that an inclinometer is the preferred device for obtaining accurate, reproducible measurements. Computerized measure of lumbar spine range of motion are not recommended, since testing can be done with inclinometers, and since computerized range of motion testing is of questionable value. The clinical documentation in this case does not support the performance of computerized range of motion and strength testing. The provider's rationale that it is needed because the patient is approaching P&S status is insufficient, particularly since the patient has already been deemed to be a maximal medical improvement by an AME. The provider has also requested a functional capacity evaluation, which has been certified in UR, and which will certainly include range of motion and strength testing. The two references cited above make it clear that computerized strength and range of motion testing are unnecessary and of questionable value, and the requesting provider has not provided a rationale for this testing that is sufficient to justify its performance. Based on the ODG and AMA guidelines above, and on the clinical documentation provided for my review, range of motion and muscle testing is not medically necessary. It is not medically necessary because the provider has simultaneously requested a functional capacity evaluation which will include range of motion and strength testing, because computerized testing is of questionable value and unnecessary, and because the requesting provider has not documented a rationale that would make it necessary. Therefore, this request is not medically necessary.