

Case Number:	CM14-0207435		
Date Assigned:	02/02/2015	Date of Injury:	08/02/2013
Decision Date:	03/19/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 injured worker is a 41 year old female, who sustained an industrial injury on August 2, 2013. The diagnoses have included right carpal tunnel syndrome and herniated disc of cervical 4/5. Treatment to date has included anti-epilepsy and non-steroidal anti-inflammatory medication, electrodiagnostic studies, and work modifications. The medical records refer to a course of physical therapy/ infrared, ultrasound, myofascial, matrix, therapeutic exercises, and paraffin. On April 8, 2014, the treating physician noted neck and right wrist pain. The physical exam revealed decreased sensation to pinprick to the left arm cervical 5-7 dermatomes and moderately limited cervical range of motion. On November 12, 2014 Utilization Review non-certified a prescription for an additional 6 visits (2 x 3) of physical therapy for the right hand and wrist, noting the initial request was for acupuncture/physical therapy for the right hand and wrist, and because the criteria for acupuncture was not met the physical therapy is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, it appeared from the documents provided that the worker had completed some acupuncture prior to this request, however, it is not clear how the worker responded to these treatments as it was not clearly documented in the notes available for review. Considering this lack of documented benefit, the additional acupuncture for the right hand/wrist will be considered medically unnecessary.

Physical therapy 2x3 right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy in the form of passive therapy for the hand/wrist injuries is recommended by the MTUS Guidelines as an option during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 8-10 supervised physical therapy visits over 4 weeks for neuropathic-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed some physical therapy for her right hand/wrist, but without clear evidence found in the notes provided to suggest that the worker benefited from these. There was no documentation describing the functional gains related to these prior episodes. Also, there was no evidence to suggest that the worker was unable to perform home exercises, which would be more appropriate this far after her injury. Therefore, the physical therapy for the right hand/wrist will be considered medically unnecessary.