

Case Number:	CM14-0211237		
Date Assigned:	02/02/2015	Date of Injury:	02/15/1991
Decision Date:	04/02/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 02/15/1991. The mechanism of injury involved repetitive activity. The current diagnoses include repetitive strain injury, right wrist injury, right wrist bone fusion, and right wrist strain. The injured worker presented on 12/15/2014 for a follow-up evaluation with reports of numbness and tingling in the hand, fingers, and ankle. Pain was associated with swelling and aggravated by hand function and walking activity. There was no physical examination provided on that date. The injured worker was instructed to continue with a trial of electro acupuncture treatment. The injured worker was also referred for an EMG/NCV study and MRI of the right wrist to further assess persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 (Electro Acupuncture, Infrared and Myofascial Release) for the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Acupuncture.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments with an optimum duration of 1 to 2 months. In this case, the injured worker has participated in a brief course of acupuncture treatment for the right wrist. However, there was no documentation of objective functional improvement. Furthermore, the Official Disability Guidelines do not recommend acupuncture for the forearm, wrist, or hand. Given the above, the request is not medically appropriate.

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a comprehensive physical examination of the right shoulder. There was also no documentation of a recent attempt at any conservative management for the right shoulder. Given the above, the request is not medically appropriate at this time.