

Case Number:	CM15-0007545		
Date Assigned:	01/22/2015	Date of Injury:	10/18/2012
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California

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 36 year old female, who sustained an industrial injury on 10/18/2012. She has reported that she had been having bilateral shoulder, neck, and forearm pain from holding work equipment of laser. The injured worker was diagnosed with cervicothoracic strain with possible radicular features, bilateral shoulder multidirectional instability, bilateral carpal tunnel syndrome, and bilateral thumb index and trigger digits. Treatment and diagnostic studies to date has included computed tomography of the cervical spine, physical therapy, occupational therapy, and magnetic resonance imaging of the cervical spine. Currently, the injured worker complains of left wrist pain. The treating physician requested acupuncture for bilateral carpal tunnel syndrome and occupational therapy with no reason indicated. A progress note on 10/27/14 indicated the claimant had 10% improvement after occupational therapy. the claimant had completed over 8 sessions of therapy by then. On 12/15/2014 Utilization Review non-certified the prescriptions for occupational therapy to the bilateral wrists two times four and acupuncture with electrical stimulation two times four, noting California Medical Treatment Utilization Schedule: Chronic Pain Pages 98 to 99 and Acupuncture Guidelines; and Official Disability Guidelines, Carpal Tunnel Syndrome Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times 4 for the bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation wrist pain and physical therapy

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks According to the ODG guidelines, up to 3 sessions over 5 weeks is recommended for carpal tunnel syndrome. In this case the claimant had undergone more visits than recommended. In addition, there is no indication that the visits cannot be completed at home. The request for 8 additional visits of therapy is not medically necessary.

Acupuncture treatment with electrical stimulation 2 times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to therapy. It takes 3-6 sessions to see functional improvement. In this case, the therapeutic response is unknown for 3-6 sessions before 8 sessions can be provided. In addition, the claimant has undergone ample physical therapy visits. Since acupuncture is considered an option, the 8 sessions requested above is not medically necessary.