

Case Number:	CM15-0107919		
Date Assigned:	06/12/2015	Date of Injury:	12/05/2014
Decision Date:	07/23/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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: California, North Carolina
 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 34 year old female who sustained an industrial injury on 12/5/14. She reports shoulder pain, wrist pain, pain in the right thumb with no improvement after an injection. She is also complaining of parasthesia in the median innervated digits as well as the radial nerve and that she is being awakened at night with parasthesia and numbness in the right hand. Pain is described as intermittent, moderate and sharp in nature. She reports some difficulty with some activities of daily living. Diagnoses are contusion and sprain/strain of right thumb carpometacarpal joint with persistent pain, numbness and weakness, cervical spine sprain/strain, and right shoulder sprain/strain. A treating physician progress report dated 4/21/15 notes the left shoulder is higher, neck and head are slightly to the right, no shift. There is tenderness to palpation about the right cervical spine and right upper trapezius. Deep tendon reflexes of biceps, triceps and brachioradialis are all 2+. Neurological exam for sensation to touch is decreased at the radial aspect of the right index finger distal to the metacarpophalangeal and dorsal to the radial aspect of the right hand. Grip strength on the right is 10 and of the left is 20. There is tenderness to palpation along the acromioclavicular joint on the right, the right thumb and metacarpophalangeal joints. Finkelstein's test is positive on the right. The right thumb lacks 1.5 centimeters in touching the tip of the thumb to the fifth metacarpal head. Work status is to return to modified duties with restrictions on 4/21/15. Treatment to date has been a Xylocaine and Celestone injection at the insertion of the extensor pollicis brevis, physical therapy, thumb brace, right wrist brace and Prilosec. The treatment plan is Flurbiprofen topical cream, Naprosyn, Ibuprofen, functional capacity evaluation, 12 sessions of acupuncture to the right hand, right thumb, right shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to right hand, right thumb, right shoulder and cervical spine 12 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines on acupuncture states that acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehab and/or surgical intervention to hasten functional recovery. In this case, the patient has recently been approved for physical therapy, therefore acupuncture is not medically necessary until the outcome of PT is determined. There is also no evidence of intolerance to pain medication. Therefore the request is not medically necessary at this time.

Flurbiprofen cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. CA MTUS supports a limited number of NSAID topicals which does not include Flurbiprofen. Topical NSAIDs are indicated for the treatment of osteoarthritis and tendinitis, which this patient does not have. The patient is already being prescribed both ibuprofen and Naprosyn orally and there is no known therapeutic benefit of adding a topical NSAID. Therefore the request is deemed not medically necessary or appropriate.

Functional capacity evaluation #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 137.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 137.

Decision rationale: CA MTUS recommends chronic pain programs, including functional restoration programs, for patients who meet certain criteria. In this case, there is no documentation for a need of a Functional Capacity Evaluation (FCE). Completion of recently approved physical therapy is also necessary for review of the recommendation and functional response determined before FCE can be considered. At this time, a request for FCE is not medically necessary or appropriate.