

Case Number:	CM15-0012980		
Date Assigned:	01/30/2015	Date of Injury:	05/21/2012
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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, 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 65-year-old female who reported a repetitive strain injury on 02/08/2013. The current diagnoses include lumbago, sprain/strain of the elbow/forearm, and pain in a joint of the shoulder region. The injured worker presented on 12/31/2014 for a follow up evaluation with complaints of chronic right hand, right shoulder, and low back pain. It was noted that the injured worker had participated in the physical therapy without improvement in symptoms. The injured worker was utilizing gabapentin 600 mg, buprenorphine 0.1 mg, aspirin 81 mg, atorvastatin 21 mg, and nitroglycerin 0.4 mg. Upon examination of the right hand, there was tenderness to palpation over the 4th and 5th digits, negative Tinel's sign, mildly positive Tinel's sign at the right elbow, and decreased range of motion of the PIP and DIP joints. There was diminished grip strength on the right. Recommendations included 6 sessions of physical therapy for the right hand, as well as 12 sessions of acupuncture for the right shoulder. There was no Request for Authorization Form submitted for review

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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. The current request for 12 sessions of acupuncture would exceed guideline recommendations. Therefore, the request is not medically appropriate.

Physical therapy x 6 for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it was noted that the injured worker participated in a course of physical therapy for the right hand. However, there was no documentation of significant functional improvement. Therefore, the request is not medically appropriate.