

Case Number:	CM15-0131527		
Date Assigned:	07/17/2015	Date of Injury:	11/01/2005
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 63 year old female who sustained an industrial injury on 11/01/05. Diagnoses are depressive disorder not elsewhere classified, depression not otherwise specified, carpal tunnel syndrome, tenosynovitis of hand and wrist not elsewhere classified, and cervical spondylosis. In a progress report dated 5-26-15, the primary treating physician notes the injured worker is seen in follow up regarding depression and burning and numbness in both hands. Objective findings are that both wrist joints revealed healed incision with positive tenderness. Tinell's was positive on the left with severe burning retrograde pain. She was instructed to conduct all activities of daily living as normally as possible and continue a healthy diet. She is referred to a psychiatrist for depression and anxiety. Medication is Gabapentin. She was instructed to use wrist splints. Work status is noted as temporarily totally disabled until the next appointment. The requested treatment is acupuncture 2 times a week for 3 weeks -bilateral hands and musculoskeletal (MSK) ultrasound of left thumb, metacarpophalangeal joint, left elbow, cubital tunnel, and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 bilateral hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4, 8-9.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the acupuncture would be an adjunct. Additionally, in this injured worker, the medical records do not show that pain medication was reduced or not tolerated. The request for acupuncture is not medically necessary.

MSK Ultrasound left thumb, MCP joint, left elbow, cubital tunnel, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with chronic pain is for a diagnostic MSK Ultrasound left thumb, MCP joint, left elbow, cubital tunnel, right wrist. The records document a physical exam with pain but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. MSK is not medically necessary.