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| Case Number: | CM15-0137827 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 06/01/2000 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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: Pennsylvania, Ohio, California
 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 51 year old female, who sustained an industrial injury on 6/1/2000. Diagnoses have included carpal tunnel syndrome and cubital tunnel syndrome. Treatment to date has included carpal tunnel release surgery, elbow surgery, alpha stimulation, exercise and medication. According to the progress report dated 7/1/2015, the injured worker complained of bilateral arm pain. She reported that her hands and joints seemed very stiff in the morning; she was using Celebrex with good response and improved function. She had a few sessions of acupuncture and cognitive behavioral therapy. She reported improvements in pain and sleeping. Physical exam revealed bilateral paraspinous tenderness of the cervical spine. There was decreased range of motion noted in the right and left wrists. There was a moderate amount of tenderness in the bilateral elbows and moderate muscle tightness across the shoulders. Authorization was requested for 12 cognitive bio-behavioral therapy sessions, 12 chiropractic sessions and 12 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) cognitive bio-behavioral therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: MTUS strongly encourages cognitive behavioral therapy as part of chronic pain treatment. This guideline recommends a total of 6-10 visits over 5-6 weeks. The records in this case do not provide a rationale for an exception to this recommendation. Thus, this request exceeds the treatment guidelines. The request is not medically necessary.

Twelve (12) chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic): chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: MTUS does not recommend chiropractic to the forearm, wrist, or hand, which represent the location of most of this patient's pain. Moreover, for accepted treatment areas, this guideline does not recommend elective/maintenance treatment, such as would be the case with chiropractic to this 15-year-old injury. For these reasons, this request is not medically necessary.

Twelve (12) acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS acupuncture treatment guidelines recommend acupuncture for up to 1-2 months, with transition to an independent home rehabilitation program. MTUS does not recommend passive treatment such as acupuncture in the current chronic timeframe, nor do the records document objective functional improvement from prior acupuncture. For these multiple reasons, this request is not medically necessary.