

Case Number:	CM15-0148857		
Date Assigned:	08/12/2015	Date of Injury:	03/01/2013
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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 61 year old male with an industrial injury dated 03-01-2013. His diagnoses included sleep disturbance, T-spine 4-5 mm disc protrusion thoracic 12-lumbar 1, and carpal tunnel syndrome bilateral, status post left carpal tunnel release. Comorbid condition was hypertension. Prior treatment included carpal tunnel release surgery, medications and epidural steroid injections. He presents on 06-10-2015 with complaints of pain in right wrist rated as 4-5 out of 10. He also notes neck pain and lower back pain. Phalen's test and Tinel's sign were positive on the left wrist. There was nonspecific tenderness at both wrists. Cervical spine range of motion was decreased. There was pain and spasm with thoracic spine flexion and thoracic spine rotation. Tenderness was noted in the lumbar area. Treatment plan included acupuncture to lumbar spine, follow up with pain management and medications. The treatment request is for Cane (purchase) and acupuncture twice a week for six weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for six weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request is for 12 sessions of acupuncture for treatment of low back pain. In this case, the patient appears to qualify for acupuncture treatment, however the guidelines recommend 4-6 sessions in most cases. The request for 12 sessions exceeds guideline and therefore is not medically necessary or appropriate.

Cane (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee (assistive devices).

Decision rationale: CA MTUS does not address canes. ODG states that assistive devices for ambulations are only recommended in some cases and can reduce pain associated with osteoarthritis. In this case, the medical records submitted do not document any limitations of gait, evidence of osteoarthritis or any other condition requiring a cane. In addition, two providers have noted that the patient ambulates normally without limp. Therefore, the request for a cane is not medically necessary or appropriate.