

Case Number:	CM15-0149044		
Date Assigned:	08/12/2015	Date of Injury:	09/30/2013
Decision Date:	09/09/2015	UR Denial Date:	07/29/2015
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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male with a September 30, 2013 date of injury. A progress note dated July 9, 2015 documents subjective complaints (pain in both wrists; pain in the right elbow; wakes in the middle of the night with hand pain; history of Dupuytren's contracture in 2009), objective findings (Dupuytren's contracture in both hands involving the ring finger and middle finger bilaterally; evidence of surgical repair of the right hand; pain with wrist flexion and extension bilaterally; Finkelstein's positive bilaterally; Tinel's positive bilaterally; lateral epicondylar pain), and current diagnoses (bilateral carpal tunnel syndrome; right lateral epicondylitis; bilateral De Quervain's; Dupuytren's contracture). Treatments to date have included medications, physical therapy, and wrist injections. The treating physician documented a plan of care that included magnetic resonance imaging of the bilateral wrists, twelve sessions of acupuncture for the bilateral wrists, and twelve sessions of physical therapy for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left and right wrist MRI: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs (magnetic resonance imaging).

Decision rationale: Per ODG: Indications for imaging -- Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), Chronic wrist pain, plain films normal, suspect soft tissue tumor, Chronic wrist pain, plain film normal or equivocal, suspect Kienback's disease, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient's ongoing pain is due to carpal tunnel syndrome, for which he has elected not to undergo treatment. He does not have any of the ODG indications for an MRI. The request is not medically necessary.

12 sessions of acupuncture for left and right wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): MTUS Page 13 of 127.

Decision rationale: Per MTUS: According to Section 9792.24.1 of the California Code of Regulations, Title 8(1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. (2) "Acupuncture with electrical stimulation" is the use of electrical current (micro-amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c). (b) Application (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as

follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f). The patient has chronic wrist pain. MTUS endorses 1-3 treatments per week for 1-2 months. The request is consistent and medically necessary with the guidelines.

12 sessions of physical therapy for the left and right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical Medicine Guidelines.

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

Decision rationale: Per ODG, therapy guidelines: Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Medical treatment: 12 visits over 8 weeks. Post-surgical treatment: 14 visits over 12 weeks. The patient has a diagnosis of carpal tunnel syndrome and deQuervain's tenosynovitis. The request for therapy 12 sessions for medical treatment of DeQuervain's is consistent and medically necessary with ODG guidelines.