

Case Number:	CM15-0167329		
Date Assigned:	09/08/2015	Date of Injury:	11/01/2011
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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:

This 55 year old woman sustained an industrial injury on 11-1-2011. The mechanism of injury is not detailed. Diagnoses include trigger finger, carpal tunnel syndrome, and ulnar nerve lesion. Treatment has included oral medications, psychological care, surgical intervention, and acupuncture. Physician notes dated 7-9-2015 show complaints of bilateral upper extremity and hand pain. Recommendations include additional acupuncture and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Infrared therapy x 1 with a dos of 5/6/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM chapter on wrist and hand complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. The requested service is not supported by the ACOEM in the treatment of wrist or hand pain and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.

Retro massage therapy x 1 with a dos of 5/6/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM chapter on wrist and hand complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation. (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. The requested service is not supported by the ACOEM in the treatment of wrist or hand pain and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.