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| Case Number: | CM15-0167343 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 05/13/2013 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 07/18/2015 |
| 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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on 5-13-13. He reported initial complaint of sharp, pull, painful tearing inside the right forearm with immediate pain and swelling in the wrist, hands and fingers. The injured worker was diagnosed as having carpal tunnel syndrome right wrist with trigger nodule base of the right middle finger. Treatment to date has included physical therapy; work hardening; chiropractic therapy; acupuncture; medications. Diagnostics included EMG-NCV study upper extremities (3-27-15). Currently, the PR-2 notes dated 6-18-15 indicate the injured worker presents for a comprehensive orthopedic examination. His current complaints are of his right wrist and third finger of the right hand. He describes the right wrist and third fingers pain as variable in intensity that is present on a constant basis, occurring approximately 100% of the time. He rates the pain as a 3 out of 10 on the pain scale and is characterized as sharp-stabbing and tingling and numbness sensation that radiates to his shoulders. The pain increases to 6 out of 10 on movement. He reports no other medical conditions or prior surgery. On physical examination of the right wrist and hand, the provider documents no visible deformity or asymmetry noted. There is no popping or triggering of the finger flexor tendons. He has diffuse tenderness over the right wrist, more marked over the volar surface of the right wrist. He documents then, triggering noted over the right middle finger with tenderness over the volar surface of the MP joint area on the base of the right middle finger. He notes a slight decrease sensation to pinprick over the right thumb, index and middle finger of the hand. An EMG-NCV study of the upper extremities done on 3-27-15 reveals: "Severe pathology of median nerve at right wrist consistent with right carpal tunnel syndrome." The

provider is requesting authorization of Follow up consultation with ROM (range of motion) testing & ADL (activities of daily living) assessment and Acupuncture sessions, Cervical spine, Thoracic spine, Lumbar spine, Right Wrist, Right Elbow, Bilateral Shoulders, 3 times weekly for 2 weeks, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up consultation with ROM (range of motion) testing & ADL (activities of daily living) assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Evaluation & Management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Flexibility.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture sessions cervical spine, thoracic spine, lumbar spine, right wrist, right elbow, bilateral shoulders three times per week times two weeks (six sessions) is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical disc herniation without myelopathy; thoracic disc displacement without myelopathy; lumbar disc displacement without myelopathy; bursitis and tendinitis shoulders; lateral epicondylitis right elbow; tendinitis/bursitis right hand/wrist; carpal tunnel syndrome; inguinal hernia, anxiety and sleep disorder. The date of injury is May 13, 2013. Request for authorization is July 24, 2015. According to a progress note dated July 6, 2015, subjectively the injured worker has complaints of right shoulder, right elbow, right wrist and hand pain, cervical spine, thoracic and lumbar spine pain and testicular pain and headache. The injured worker completed 12 acupuncture sessions. There is no documentation demonstrating objective functional improvement for the decrease in the need for medical services. Rather, additional medical services have been requested including a pain management evaluation. The guidelines recommend up to 8-12 acupuncture sessions. There are no compelling clinical facts indicating additional acupuncture over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, acupuncture sessions cervical spine, thoracic spine, lumbar spine, right wrist, right elbow, bilateral shoulders three times per week times two weeks (six sessions) is not medically necessary.

Acupuncture sessions, Cervical spine, Thoracic spine, Lumbar spine, Right Wrist, Right Elbow, Bilateral Shoulders, 3 times wkly for 2 wks, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture sessions cervical spine, thoracic spine, lumbar spine, right wrist, right elbow, bilateral shoulders three times per week times two weeks (six sessions) is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical disc herniation without myelopathy; thoracic disc displacement without myelopathy; lumbar disc displacement without myelopathy; bursitis and tendinitis shoulders; lateral epicondylitis right elbow; tendinitis/bursitis right hand/wrist; carpal tunnel syndrome; inguinal hernia, anxiety and sleep disorder. The date of injury is May 13, 2013. Request for authorization is July 24, 2015. According to a progress note dated July 6, 2015, subjectively the injured worker has complaints of right shoulder, right elbow, right wrist and hand pain, cervical spine, thoracic and lumbar spine pain and testicular pain and headache. The injured worker completed 12 acupuncture sessions. There is no documentation demonstrating objective functional improvement for the decrease in the need for medical services. Rather, additional medical services have been requested including a pain management evaluation. The guidelines recommend up to 8-12 acupuncture sessions. There are no compelling clinical facts indicating additional acupuncture over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, acupuncture sessions cervical spine, thoracic spine, lumbar spine, right wrist, right elbow, bilateral shoulders three times per week times two weeks (six sessions) is not medically necessary.