MAXIMUS Federal Services

Case Number:	CM15-0183156		
Date Assigned:	09/30/2015	Date of Injury:	09/30/2013
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/17/2015

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
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:

This is a 59-year-old male with a date of industrial injury 9-30-2013. The medical records indicated the injured worker (IW) was treated for carpal tunnel syndrome and tenosynovitis radial styloid. In the progress notes (7-23-15 and 8-20-15), the IW reported bilateral upper extremity pain with electrical type shocking and burning pain in the hands rated 4 to 5 out of 10. Bilateral wrist splints provided some pain relief. He was not working due to the chronic pain. He did not want to have surgery. Medications were Gabapentin, Relafen, Protonix, Diclofenac and Tylenol. According to the initial evaluation notes (7-9-15), the pain interfered with activities of daily living such as performing self-care; he had difficulty gripping, grasping and manipulating objects. On physical exam (8-20-15 notes), the IW had normal muscle tone without atrophy in the bilateral upper extremities. Strength was rated 5 out of 5 except in bilateral wrist extension and thumb apposition, rated 4 out of 5. Phalen's and Tinel's signs were positive bilaterally and there was tenderness over the lateral epicondyles bilaterally. Treatments included ice and heat, physical therapy, splinting or bracing (helpful), cortisone injection to the right carpal tunnel (not helpful) and medications (Ibuprofen, Vicodin and current meds). Medical record review (7-10-15) stated the IW had 14 sessions of physical therapy from 10-10-14 to 1-30-15. A Request for Authorization was received for six sessions of acupuncture for the bilateral wrists and six sessions of physical therapy for the bilateral wrists. The Utilization Review on 9-15-15 non- certified the request for six sessions of acupuncture for the bilateral wrists and six 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:

6 sessions of acupuncture for bilateral wrists: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents on 08/21/15 with bilateral wrist pain rated 5/10 with associated numbness and tingling in the middle fingers bilaterally. The patient's date of injury is 09/30/13. The request is for 6 sessions of acupuncture for bilateral wrists. The RFA is dated 08/21/15. Physical examination dated 08/21/15 reveals Dupuytren's contracture in the bilateral middle and ring fingers, positive Finklestein's test bilaterally, positive Tinel's sign bilaterally, and painful range of motion in the bilateral wrists. The patient is currently prescribed Gabapentin, Relafen, Protonix, Diclofenac, and Tylenol. Patient's current work status is not provided. MTUS Guidelines Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section... This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 6 sessions of acupuncture for this patient's wrist pain, the request is appropriate. Per progress note dated 08/21/15, it is indicated that this patient has not received any acupuncture to date and his conservative care has consisted entirely of physical therapy. MTUS guidelines support acupuncture as a conservative option for 3-6 treatments initially, with additional sessions contingent upon improvements. Given this patient's chronic pain complaints, and the lack of evidence that he has undergone any acupuncture to date, a course of 6 sessions falls within guideline recommendations and could produce benefits. Therefore, the request is medically necessary.

6 sessions of physical therapy bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents on 08/21/15 with bilateral wrist pain rated 5/10 with associated numbness and tingling in the middle fingers bilaterally. The patient's date of injury is 09/30/13. The request is for 6 sessions of physical therapy for bilateral wrists. The RFA is dated 08/21/15. Physical examination dated 08/21/15 reveals Dupuytren's contracture in the bilateral middle and ring fingers, positive Finklestein's test bilaterally, positive Tinel's sign bilaterally, and painful range of motion in the bilateral wrists. The patient is currently prescribed Gabapentin, Relafen, Protonix, Diclofenac, and Tylenol. Patient's current work status is not provided. MTUS

Guidelines, Physical Medicine Section, pages 98, 99 have the following: "recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for a 6 physical therapy sessions for this patient's bilateral wrists, the treater has exceeded guideline recommendations. Progress note/record review dated 07/10/15 indicates that this patient has undergone 14 physical therapy sessions directed at his bilateral wrist complaint, with benefits noted in progress note dated 08/21/15. MTUS guidelines support up to 10 visits for complaints of this nature. The requested 6 treatments, in addition to the 14 already completed exceeds guideline recommendations. No rationale is provided as to why this patient is unable to transition to home based self-directed physical therapy, either. Therefore, the request is not medically necessary.