

<b>Case Number:</b>	CM15-0197396		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of August 6, 2013. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for MR arthrography while partially approving request for six sessions of acupuncture as four sessions of the same. The claims administrator referenced a September 11, 2015 office visit in its determination. The claims administrator noted that the applicant had undergone two prior hand surgeries in late 2014 and early 2015. The applicant's attorney subsequently appealed. On September 11, 2015, the applicant reported ongoing complaints of hand pain. The applicant was not working and has not worked since late 2013, it was reported. The applicant had undergone two prior hand surgeries in October 2014 and February 2015. The applicant had had wrist cortisone injections, without relief, the treating provider reported and had 24 sessions of physical therapy. The applicant had comorbidities including diabetes, hypertension, and dyslipidemia, it was reported. 4-5/5 wrist strength was appreciated, secondary to pain. Limited range of motion was also appreciated, secondary to pain. The applicant had undergone an earlier wrist carpal tunnel release and de Quervain's release procedures. MR arthrography of the wrist and a hand surgery consultation were suggested. Acupuncture was proposed. It was not clearly stated whether the applicant had or not had prior acupuncture. The applicant was given a 25-pound lifting limitation, while attending provider acknowledged that the applicant was not working with said limitations in place. On June 18, 2015, the applicant reported ongoing complaints of wrist pain. The applicant was described as having had an earlier triangular fibrocartilage debridement procedure on February 5, 2015, as well as carpal tunnel release surgery and first dorsal

compartment release procedure of October 30, 2014. Permanent work restrictions were imposed. No specific mention of the applicant's having had prior acupuncture. On November 10, 2014, the applicant was placed off of work, on total temporary disability. The remainder of the file was surveyed. There was no explicit mention of the applicant's is having received prior acupuncture.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MR Arthrogram Left Wrist: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** Yes, the request for an MR arthrogram of the wrist was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that usage of arthrography, MRI or CT scans prior to evaluation by a qualified specialist is deemed "optional." Here, however, the requesting provider, an orthopedist, noted on the September 11, 2015 date of service in question that the applicant was pending a hand surgery consultation. The applicant had undergone an earlier failed de Quervain's release surgery as well as earlier failed triangular fibrocartilage debridement procedure. Obtaining MR arthrography as a precursor to evaluation by a hand specialist and as a precursor to further hand surgery was, thus, seemingly indicated, given the applicant's significant residual pain complaints appreciated on the September 11, 2015 office visit in question. Therefore, the request was medically necessary.

#### **Acupuncture 2x3 Left Wrist: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Similarly, the request for acupuncture for the wrist was likewise medically necessary, medically appropriate, and indicated here. The request in question was framed as a first-time request for acupuncture on the September 11, 2015 date of service in question. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a note that acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here. The six session initial course of acupuncture sought was in-line with the 3-6 treatments deemed necessary for acupuncture to produce functional improvement, per the Acupuncture Medical Treatment Guidelines in the MTUS 9792.24.1.c1. Therefore, the request was medically necessary.

