

Case Number:	CM15-0198432		
Date Assigned:	10/13/2015	Date of Injury:	09/05/2014
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii
 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:

The injured worker is a 29 year old female who sustained an industrial injury on 09-05-2014. A review of the medical records indicated that the injured worker is undergoing treatment for right upper extremity complex regional pain syndrome, type 1. According to the treating physician's progress report on 08-20-2015, the injured worker continues to experience diffuse dysesthetic pain throughout the right upper extremity with sleep disturbance. The injured worker reported Trileptal and Quazepam previously prescribed were not beneficial. Some of the medical records submitted with the review are difficult to decipher. Examination demonstrated continuous diffuse allodynia throughout the right upper extremity and painful range of motion of the wrist. Electromyography (EMG) Nerve Conduction Velocity (NCV) studies performed on 07-21-2015 was reported as within normal limits. Prior treatments have included diagnostic testing, physical therapy, brace, transcutaneous electrical nerve stimulation (TENS) unit, psychiatric evaluation and treatment, acupuncture therapy with (4 completed with increased mobility but last 2 sessions caused pain), chiropractic therapy and medications. Current medications were listed as Quazepam, Oxcarbazepine and topical analgesics. Treatment plan consists of stellate ganglion blocks; increase Oxcarbazepine to 600mg twice a day, orthopedic consultation and the current request for acupuncture therapy twice a week for 6 weeks to the right wrist-hand and right hand magnetic resonance imaging (MRI). Acupuncture therapy twice a week for 6 weeks to the right wrist-hand and right hand magnetic resonance imaging (MRI). On 09-16-2015, the Utilization Review determined the requests for acupuncture therapy twice a week for 6 weeks to the right wrist-hand and right hand magnetic resonance imaging (MRI) were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks to the right wrist/hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient has ongoing right hand and wrist pain. The current request for consideration is acupuncture 2 times per week for 6 weeks to the right wrist/hand. The attending physician report dated 8/9/15, page (37b), indicates the patient had increased pain following the last two acupuncture treatments. The Acupuncture medical treatment guidelines do recommend acupuncture for chronic wrist and hand complaints at a frequency of 1-3 x per week with the time to reach functional improvement within 6 sessions. In this case, the request is for 16 visits which is not consistent with guidelines. A re-evaluation is necessary after 6 sessions to assess for functional improvement and if present additional acupuncture may be indicated. As written, the request is not medically necessary as it is not consistent with acupuncture medical treatment guidelines. In this case, the records indicate the patient had completed 4 prior acupuncture treatment sessions. The records further indicate that the most recent two acupuncture treatments actually increased the patient's pain levels. The records fail to provide any documentation of increased functional benefit. The acupuncture medical treatment guidelines allow additional acupuncture treatments with evidence of improved functional benefit. The available records do not establish medical necessity for additional acupuncture treatment and the request for 12 sessions exceeds guideline recommendations, therefore is not medically necessary.

MRI of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Magnetic resonance (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist and hand chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient has ongoing right hand and wrist pain. The current request for consideration is for MRI of the right wrist/hand. The ODG guidelines provide support of MRI scans of the wrist and hand. Recommended as indicated below; while criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. For inflammatory arthritis, high-resolution in-office MRI with an average follow-up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. Indications for imaging; Magnetic

resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius, or scaphoid fracture, radiographs normal. 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 films normal or equivocal, suspect Kienböck'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. In this case, the records indicate the patient has already completed an MRI scan of the wrist in May of 2015. ODG guidelines state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The records offer no indication of acute or new injury to the wrist. Furthermore, there are no red flags or discussion of recent change in the patient's condition which would justify a new MRI scan. As such, the current request is not medically necessary.