

Case Number:	CM15-0202553		
Date Assigned:	10/19/2015	Date of Injury:	04/18/2015
Decision Date:	11/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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:

This is a 46 year old female who sustained a work-related injury on 4-18-15. A doctor's first report of occupational injury or illness on 4-18-15 revealed the injured worker sustained a left wrist sprain in a fall. Medical record documentation on 9-4-15 revealed the injured worker was being treated for cervical musculoligamentous injury, cervical spine sprain-strain, lumbar musculoligamentous injury, lumbar spine sprain-strain, left shoulder myoligamentous injury, left shoulder sprain-strain, right carpal sprain-strain, right wrist sprain-strain, left carpal sprain-strain, left wrist sprain-strain, anxiety and depression. She reported constant severe pain in the left wrist described as sharp, stabbing, throbbing pain with associated stiffness and heaviness. Her pain was aggravated by movement such as prolonged grabbing-grasping-gripping and squeezing. Her left wrist range of motion was flexion to 60 degrees, extension to 60 degrees, radial deviation to 20 degrees and ulnar deviation to 30 degrees. She had tenderness to palpation over the dorsal wrist, lateral wrist and volar wrist. She had pain with left wrist grind test and carpal compression test. Previous therapy included splinting and NSAIDS. A request for physiotherapy two times per week for six weeks for the left wrist was received on 9-30-15. On 10-5-15, the Utilization Review physician modified physiotherapy two times per week for six weeks for the left wrist to two sessions of physiotherapy for the left wrist.

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) left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. 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 two times per week time six weeks to the left wrist is not medically necessary. Acupuncture is not recommended for the forearm, wrist and hand. 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 relevant working diagnoses are right carpal sprain strain; right wrist sprain strain; left carpal sprain strain and left wrist sprain strain. For additional diagnoses see the September 4, 2015 progress note. Date of injury is April 18, 2015. Request for authorization is September 30, 2015. According to the September 4, 2015 initial new patient evaluation, the injured worker's subjective complaints include left wrist pain 8/10. Objectively, there is tenderness to palpation over the dorsal wrist. Acupuncture is not recommended for the forearm, wrist and hand. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for acupuncture to the wrist, acupuncture two times per week time six weeks to the left wrist is not medically necessary.

Physio therapy (2 times a week for 6 weeks) left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the left wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are right carpal sprain strain; right wrist sprain strain; left carpal sprain strain and left wrist sprain strain. For additional diagnoses see the September 4, 2015 progress note. Date of injury is April 18, 2015. Request for authorization is September 30, 2015. According to the

September 4, 2015 initial new patient evaluation, the injured worker's subjective complaints include left wrist pain 8/10. Objectively, there is tenderness to palpation over the dorsal wrist. The documentation shows the injured worker completed five physical therapy sessions to the wrist. There are no physical therapy progress notes in the medical record. The documentation does not demonstrate objective functional improvement with prior physical therapy. The guidelines recommend a six visit clinical trial. With objective functional improvement, additional physical therapy may be clinically indicated. In the absence of objective functional improvement (no prior physical therapy notes), additional physical therapy is not clinically indicated. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, physical therapy two times per week times six weeks to the left wrist is not medically necessary.