

<b>Case Number:</b>	CM15-0206515		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 62 year old female, who sustained an industrial injury on 12-06-2013. The injured worker is currently permanent and stationary and retired. Medical records indicated that the injured worker is undergoing treatment for repetitive strain injury of bilateral upper extremities, bilateral carpometacarpal arthritis, extensor tenosynovitis of right index finger, and myofascial pain. Treatment and diagnostics to date has included hand therapy, injections, acupuncture (in 2014), and medications. Recent medications have included Lisinopril, Levothyroxine, Omeprazole, and Naproxen. Subjective data (09-15-2015) included bilateral hand and shoulder pain. Objective findings (09-15-2015) included pain with loading of the carpometacarpal joints bilaterally (right greater than left) and pain with palpation over the carpometacarpal joints at the first compartment. The treating physician noted that the injured worker had a prior carpometacarpal joint injection "and had some improvement with this". The Utilization Review with a decision date of 09-28-2015 non-certified the request for injection to right carpometacarpal joint and acupuncture x 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection Right CMC Joint: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Guidelines recommend repeat joint injections if previous injections result in reduction in pain and increased functionality. In this case, although the documents report the patient has had previous injections with up to 12 months of benefit, the most recent progress report does not contain any pain levels and there is no mention of this patient having an acute exacerbation of symptoms that would warrant the need for additional injections at this time. The request for right CMC joint injection is not medically appropriate and necessary.

**Acupuncture 12 sessions:** Upheld

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

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

**Decision rationale:** Guidelines note that acupuncture is used as an option to reduce pain, increase range of motion and when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, the patient has completed 12 sessions and would be expected to transition into a home exercise and stretching program for maintenance therapy. The request for 12 sessions is not medically appropriate and necessary.