

Case Number:	CM15-0022078		
Date Assigned:	02/11/2015	Date of Injury:	07/16/2009
Decision Date:	04/06/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona

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 60-year-old female who reported an injury on 07/16/2009. The mechanism of injury was not provided. Her diagnoses included cervical spondylosis; ulnar nerve lesion; carpal tunnel syndrome; rotator cuff syndrome, NOS. On 12/23/2014, the injured worker was seen for right shoulder and neck pain. She stated her whole right arm hurt, which radiated to the right shoulder and neck. She stated both shoulders hurt at night. The injured worker complained of pain to the right wrist. She wants to try acupuncture. Upon examination, there was a positive scratch collapse test, right carpal tunnel; positive scratch collapse test, left carpal tunnel; positive Tinel's sign, right carpal tunnel; positive Tinel's sign, left carpal tunnel; and positive response to pain, with no crepitus, with Hawkins and Neer's impingement maneuver for right and left shoulder. There was no overt shoulder instability on testing. Tender cervical spondylosis process was positive. There was positive pain to cervical spine with active extension. The treatment plan included MRI of the right shoulder and acupuncture, wrist splint. The injured worker was advised to take over the counter medication as needed. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 to the bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2x6 to the bilateral wrists is not supported. The injured worker has a history of right shoulder and neck pain, and right wrist pain. The California MTUS Guidelines state acupuncture may be used in conjunction to physical rehabilitation and/or surgical intervention as to hasten functional recovery. There is lack of documentation of the injured worker seeking physical rehabilitation or surgical intervention. The request is not supported. As such, the request for acupuncture 2x6 to the bilateral wrists is not medically necessary.

Right wrist splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The right wrist splint is not supported. The injured worker has a history of right shoulder, neck and right wrist pain. The CA MTUS/ACEOM Guidelines state, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night and may be used during the day, depending upon activity. The guidelines state a wrist splint is not appropriate for an injured worker with a 5 year history of wrist condition. Prolonged use of wrist splints may lead to disuse atrophy. The request is not supported. As such, the request for right wrist splint is not medically necessary.