

Case Number:	CM15-0023562		
Date Assigned:	02/13/2015	Date of Injury:	02/24/2014
Decision Date:	05/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 28-year-old male who reported a repetitive strain injury on 02/24/2014. The current diagnoses include bilateral wrist tendonitis, bilateral wrist strain, possible neuropathy, and bilateral elbow lateral epicondylitis. The injured worker presented on 02/10/2015 for a follow-up evaluation with complaints of constant forearm and wrist pain with radiation into the hand. The injured worker also reported numbness and tingling. The injured worker was actively working full time. Upon examination, there was tenderness over the wrist and elbow bilaterally, full range of motion, 2+ deep tendon reflexes, 5/5 motor strength, and positive Tinel's and Phalen's sign. Recommendations at that time included electrodiagnostic studies, as well as acupuncture therapy. A Request for Authorization form was submitted on 02/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture with infrared heat (x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The request as submitted failed to indicate the specific body part to be treated. Therefore, the request is not medically necessary at this time.

Myofascial release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The California MTUS Guidelines state massage therapy is recommended as an option as indicated. Treatment should be in adjunct to other recommended treatment, including exercise, and should be limited to 4 to 6 visits. The request as submitted failed to indicate the specific body part to be treated. There is also no specific quantity listed in the request. Therefore, the request is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms has occurred within 4 to 6 weeks, electrical studies may be indicated. In this case, there was no documentation of a sensory or motor deficit. There was documentation of 5/5 motor strength with full range of motion and 2+ deep tendon reflexes. There is also no mention of an attempt at any conservative treatment prior to the request for electrodiagnostic studies for the bilateral upper extremities. Given the above, the request is not medically necessary.

MRI bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In this case, the injured worker's physical examination revealed full range of motion, 2+ deep tendon reflexes, and 5/5 motor strength. There was no documentation of a significant functional deficit. There is also no mention of an exhaustion of conservative management prior to the request for an MRI. Given the above, the request is not medically necessary.