

Case Number:	CM15-0026968		
Date Assigned:	02/19/2015	Date of Injury:	06/02/2002
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/12/2015

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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on 06/02/2002. Current diagnoses include: status post remote carpal tunnel release, right median neuropathy, left median neuropathy, and right third trigger finger with stenosing tenosynovitis. Previous treatments included medication management, right carpal tunnel release in 2012, TENS unit, physical therapy, and acupuncture. Report dated 01/14/2015 noted that the injured worker presented with complaints that included right and left hand/wrist pain. Physical examination was positive for abnormal findings. Documentation submitted did not include any previous acupuncture or physical therapy progress reports. Utilization review performed on 01/13/2015 non-certified a prescription for additional acupuncture for right wrist/hand twice weekly x 6 weeks and additional physical therapy for right wrist/hand 3x/week x 4 weeks, based on the clinical information submitted. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for right wrist/hand 2x wk x 6wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS states that section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The section states that time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months, with the option to extend acupuncture treatments if functional improvement is documented. In this case the patient has a history of prior acupuncture but the provided records show no evidence of objective functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Based on the provided records, the patient has had acupuncture treatment of the right wrist and hand with no evidence of objective functional improvement, therefore making the request for further treatment with acupuncture medically unnecessary.

Additional physical therapy for right wrist/hand 3xwk x 4wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The California MTUS does not recommend manual therapy and manipulation for chronic pain of the forearm, wrist, and hand, and as this patient's complaints are chronic in nature per the MTUS definition of "pain that persists beyond the anticipated time of healing" the requested treatment for 12 sessions of physical therapy cannot be considered medically necessary, particularly in light of the lack of evidence in the provided records of functional improvement after prior physical therapy treatments.