MAXIMUS Federal Services

Case Number:	CM15-0027454		
Date Assigned:	02/19/2015	Date of Injury:	04/18/2013
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 43 year old male, who sustained an industrial injury on April 16, 2013. He has reported moderate to severe right wrist, hand and forearm pain. The diagnoses have included hand injury not otherwise specified, sleep disturbance and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, orthotics, conservative therapies, pain medications and work restrictions. Currently, the IW complains of moderate to severe right wrist, hand and forearm pain. The injured worker reported an industrial injury in 2013, resulting in chronic hand, wrist and forearm pain. He was treated conservatively without resolution of the pain. He reported pain control with medications and no major associated side effects. Evaluation on January 28, 2015, revealed continued pain. He reported pain medications were helping but the pain was still present. The plan included heat, ice and continuing pain medications. Acupuncture therapy was requested. On February 25, 2015, evaluation revealed continued pain although adequately controlled with pain medications. He reported increased sleep and the mood was noted as great. The medications were renewed and it was noted he was not a surgical candidate. Acupuncture was still requested. On February 11, 2015, Utilization Review non-certified a request for 8 acupuncture treatments for the right wrist and a work re-training program, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of requested 8 acupuncture treatments for the right wrist and a work re-training program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment x8 with [redacted], LAc on Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with right wrist pain radiating to the right forearm and right hand. The treater is requesting ACUPUNCTURE TREATMENT X8 WITH [redacted], LAC, ON RIGHT WRIST. The RFA was not made available for review. The patient's date of injury is from 04/16/2013, and he is currently temporarily totally disabled. The Acupuncture Medical Treatment Guidelines page 13 states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any previous acupuncture therapy reports. The documents do not show a history of acupuncture treatments. The 01/28/2015 reports notes that the patient complains of right wrist pain at a rate of 8/10. It is sharp and shooting radiating to the right forearm and right hand. Sensation is decreased over the medial hand, lateral hand, medial forearm, and lateral forearm on the right side. Carpal tunnel compression test is positive. In this case, a trial of acupuncture is appropriate for this patient. However, the requested 8 sessions exceed the AMTG guidelines. The request IS NOT medically necessary.

Work Re Training Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning/work hardening Page(s): 125-126.

Decision rationale: This patient presents with right wrist pain radiating to the right forearm and right hand. The treater is requesting WORK RETRAINING PROGRAM. The RFA was not made available for review. The patient's date of injury is from 04/16/2013, and he is currently temporarily totally disabled. The MTUS Guidelines page 125 on work conditioning/work hardening recommends this as an option depending on the availability of quality programs. The criteria for admission to a work hardening program includes among other things a functional capacity evaluation to determine the patient's maximal effort, and a job to return or on-the-job training. The records do not show any previous work retraining program. None of the reports show a functional capacity evaluation report. The 01/20/2015 report notes that the patient is not a surgical candidate. The patient was approved for a psychological evaluation; however, this

report was not made available. In this case, a functional capacity evaluation is required prior to admission to work hardening program. The patient does not meet the criteria per the MTUS Guidelines. The request IS NOT medically necessary.