

<b>Case Number:</b>	CM15-0027967		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Pain Management

### 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 38-year-old male who sustained an industrial injury on 07/11/2013. Current diagnoses include left wrist de Quervain's tenosynovitis, left wrist pain, and status post right thumb metacarpophalangeal joint ulnar collateral ligament reconstruction. Previous treatments included medication management, casting, and right thumb surgery. Report dated 01/22/2015 noted that the injured worker presented with complaints that included right and left hand and wrist pain. Pain level was rated as 8 out of 10 in the right wrist and 5-6 out of 10 in left wrist on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/20/2015 non-certified a prescription for acupuncture and chiropractic treatments, 12 visits, 3 times per week for 4 weeks to the left wrist, based on the clinical information submitted does not support medical necessity. 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:

**Acupuncture for the left wrist, three times weekly for four weeks:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, while a trial of acupuncture is supported in the management of chronic pain, the current request for a visit exceeds the 6-visit trial recommended by guidelines and, unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

**Chiropractic for the left wrist, three times weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 59.

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

**Decision rationale:** Regarding the request for chiropractic care, CA MTUS does not support the use of chiropractic care for the treatment of forearm, wrist, and hand injuries. Within the documentation available for review, it appears that the treating physician is requesting chiropractic treatment for the hand. No peer reviewed medical literature has been provided to support this request, despite lack of support by guidelines. In light of the above issues, the currently requested chiropractic care is not medically necessary.