

Case Number:	CM15-0221539		
Date Assigned:	11/17/2015	Date of Injury:	09/05/2014
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 29 year old female, who sustained an industrial injury on 9-05-2014. The injured worker is being treated for right wrist and hand strain. Treatment to date has included diagnostics, medications, activity modification, bracing, management referral, physical therapy, stellate ganglion blocks, acupuncture and TENS. Per the Primary Treating Physician's Progress Report dated 9-30-2015 the injured worker reported right wrist and hand pain that shoots to the right elbow and shoulder. Objective findings were handwritten and included light touch sensation to the right dorsal thumb and right small tip distribution. Per the Qualified medical Examination dated 5-26-2015, she has received 4 visits of acupuncture. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the prior acupuncture. Work status was to remain off work for 6 weeks. Authorization was requested for 12 (2x6) visits of chiropractic and 12 (2x6) visits of acupuncture for the right wrist. On 10-20-2015, Utilization Review non-certified the request for 12 visits of chiropractic care and 12 visits of acupuncture for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 6 Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic two times per week times six weeks to the right wrist is not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/ maintenance care is not medically necessary. The guidelines do not recommend chiropractic treatment the forearm, wrist or hand. In this case, the injured worker's working diagnoses are right wrist sprain strain; and right-hand strain. Date of injury is September 5, 2014. Request for authorization is September 30, 2015. According to a September 30, 2015 progress note, subjectively there are no new symptoms. There is ongoing pain in the right wrist and hand. The injured worker sees a pain management specialist. Objectively, the documentation is legible. Chiropractic manipulation the forearm, wrist and hand is not recommended. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for chiropractic treatment to the forearm, wrist and hand, chiropractic two times per week times six weeks to the right wrist is not medically necessary.

Acupuncture 2 x 6 Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week than six weeks to the right wrist is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. The guidelines do not recommend acupuncture of the forearm, wrist and hand. In this case, the injured worker's working diagnoses are right wrist sprain strain; and right-hand strain. Date of injury is September 5, 2014. Request for authorization is September 30, 2015. According to a September 30, 2015 progress note, subjectively there are no new symptoms. There is ongoing pain in the right wrist and hand. The injured worker sees a pain management specialist. Objectively, the documentation is legible. The

documentation indicates the injured worker received nine prior acupuncture sessions. The documentation does not demonstrate objective functional improvement. Acupuncture to the forearm, wrist and hand is not recommended. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guidelines non-recommendations for acupuncture to the forearm, wrist and hand and no documentation demonstrating objective functional improvement from the nine prior acupuncture sessions, acupuncture two times per week than six weeks to the right wrist is not medically necessary.