

Case Number:	CM15-0031015		
Date Assigned:	02/24/2015	Date of Injury:	07/01/2014
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44-year-old female, who sustained an industrial injury on 07/01/2014. She reported pain in bilateral thumb and index fingers. The injured worker was diagnosed as having sprain of the wrist, and bilateral carpometacarpal joint osteoarthritis diagnosed with exam and x-rays. Treatment to date has included physical and occupational therapy, oral medications, injections, and splinting with work restrictions of limited gripping and grasping and avoid repetitive and forceful gripping. Currently, the injured worker complains of bilateral hand and wrist pain. She has had a favorable response to occupational therapy in the past. The plan of care includes acupuncture for imbalances and physical therapy for improved function and decreased pain. Acupuncture Bilateral Wrist (2x4)12 Sessions and Physical Therapy Wrist (3x4) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Bilateral Wrist (2x4)12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Bilateral Wrist (2x4)12 Sessions are not medically necessary as written per the MTUS guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits and therefore the request for acupuncture is not medically necessary.

Physical Therapy Wrist (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Active Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical Therapy Wrist (3x4) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits of therapy with a transition to an independent home exercise program. The documentation is not clear on how much prior therapy the patient has had and the objective functional improvements from this therapy. Furthermore, the request exceeds the recommended number of visits of therapy for this condition. The request for 12 visits of physical therapy is not medically necessary.