

Case Number:	CM15-0032253		
Date Assigned:	02/25/2015	Date of Injury:	03/31/2010
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury on 3/31/2010. The diagnoses have included continuous trauma and right wrist De Quervain's tenosynovitis. Treatment to date has included therapy, acupuncture and medication. According to the progress note dated 1/26/2015, the injured worker complained of severe pain in her right wrist with related numbness, tingling and swelling in her first, second, third and fourth digits of her right hand. She reported that the pain in her right hand intermittently radiated up to her right elbow. Exam of the right wrist revealed tenderness to palpation at the base of the first, second, third and fourth digits of the right hand. Limited range of motion was noted. There was also decreased grip strength and decreased sensation in the right hand. The injured worker reported that previous acupuncture therapy provided temporary pain relief. Authorization was requested for another course of acupuncture therapy to reduce myofascial pain. Authorization was also requested for chiropractic. On 2/6/2015, Utilization Review (UR) non-certified a request for Chiropractic two times a week for four weeks and Acupuncture two times a week for four weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHIROPRACTIC, PAGE 95 Page(s): CHIROPRACTIC, PAGE 95.

Decision rationale: MTUS guidelines state regarding Chiropractic therapy, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." Regarding this patient's case, she has chronic hand pain, and she has already had prior therapy and acupuncture. No reason has been presented why this patient cannot participate in a home exercise program. The medical necessity of this request has not been established, and this request is not considered medically necessary.

Acupuncture 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture, pages 8-11 Page(s): Acupuncture, pages 8-11.

Decision rationale: In accordance with California MTUS Acupuncture guidelines (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). Section 9792.20 e and f are defined as follows, (e) Evidence-based means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE. (f) 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, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Regarding this patient's case, this patient has had prior acupuncture therapy, but there is no documentation of significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. Limited records were provided. It is only subjectively stated that prior acupuncture has helped. Likewise, MTUS guidelines have not been satisfied and this request is not considered medically necessary.

