

<b>Case Number:</b>	CM15-0036063		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	02/10/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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:

This 36-year-old woman sustained an industrial injury on 2/10/2013. The mechanism of injury is not detailed. Utilization Review on 11/14/14 certified the request for acupuncture, chiropractic treatment and return to work/functional capacity evaluation. Current diagnoses include right carpal sprain/strain, right wrist internal derangement, right wrist sprain/strain, and right knee sprain/strain. Treatment has included oral medications. Physician notes on a progress report dated 1/3/2015 show pain to the right wrist and right knee rated 5/10. Recommendations include orthopedic surgeon consultation, return to work/functional capacity evaluation testing of the right wrist and knee, urine analysis testing, six sessions of acupuncture, six chiropractic sessions, six physiotherapy sessions, Ibuprofen, and Prilosec. On 1/29/2015, Utilization Review evaluated prescriptions for six sessions of acupuncture, six sessions of chiropractic care, return to work/functional capacity evaluation testing, and urine drug analysis, that were submitted on 2/25/2015. The Utilization Review physician noted the following: regarding the acupuncture, the worker was approved for six sessions of acupuncture, however, there is no documentation to support that these sessions were received or if there was functional improvement after. Regarding chiropractic care, this service is not recommended for the knee and wrist. Regarding return to work/functional capacity evaluation, there is no documentation to support that case management is hampered by complex issues. Regarding urine drug analysis, there is no documentation of drug use or aberrant behavior. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request for orthopedic consultation was certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; 1 session per week, for 6 weeks:** Upheld

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

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

**Decision rationale:** The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, the medical records indicate that on November 14, 2014, acupuncture treatments were certified. The medical records do not establish the results of the prior approved acupuncture treatments. Furthermore, the medical records indicate that orthopedic consultation has been requested and certified. This would indicate failure of conservative care management. The request for acupuncture treatments is not supported. The request for Acupuncture; 1 session per week, for 6 weeks is not medically necessary.

**Chiropractic; 1 session per week, for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** Per the MTUS guidelines, 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. The MTUS guidelines state that manual therapy and manipulation is not recommended for carpal tunnel syndrome, Forearm, Wrist, & Hand, and Knee. The request for Chiropractic; 1 session per week, for 6 weeks is not medically necessary for this injured worker's diagnoses of carpal, wrist and knee sprain/strain.

**RTW (return to work)/ FCE (Functional Capacity Evaluation) testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for duty chapter, FCE (Functional Capacity Evaluation) chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** According to the Official Disability Guidelines, Functional Capacity Evaluation may be considered if case management is hampered by complex issues such as prior unsuccessful return to work or if timing is appropriate such as the injured worker being close or at MMI (Maximum Medical Improvement). In this case, there is no evidence that case management is hampered by complex issues such as prior unsuccessful return to work. In addition, the injured worker is not at MMI (Maximum Medical Improvement as an orthopedic consultation has been requested and has been certified. The request for RTW (return to work)/ FCE (Functional Capacity Evaluation) testing is not medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test, Opioids Criteria for Use Page(s): 43, 75-78.

**Decision rationale:** The MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that there is concern regarding the use or the presence of illegal drugs. Additionally, the medical records do not establish that the injured worker is being prescribed opioids or other controlled substances. The request for Urinalysis is not medically necessary.