

<b>Case Number:</b>	CM15-0036346		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 49 year old male, who sustained an industrial injury on 9/24/2014. He reports cumulative trauma from working as a welder. Diagnoses include left hand tenosynovitis. Treatments to date include acupuncture, physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. A progress note from the treating provider dated 1/22/2015 indicates the injured worker reported left hand pain. The injured worker had a left middle trigger release authorized on 12/4/2014 but not yet performed. The IW had already completed 16 PT and 8 acupuncture treatments with no significant decrease in symptoms. On 2/17/2015, Utilization Review non-certified the request for 6 sessions of physiotherapy to the left hand and 6 sessions of acupuncture to the left hand, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physiotherapy for the Left Hand once (1) a week for six (6) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterHand Upper extremities.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of musculoskeletal pain. The utilization of PT can result in pain relief, reduction in medications utilization and functional restoration. The records show that the patient completed the maximum number of guidelines recommend PT and also received a series of a acupuncture treatment without significant pain relief or functional restoration. The patient was approved for left middle finger release surgery because of failure of conservative treatments. The criteria for additional 6 PT for the left hand- once a week for 6 weeks was not met.

**Additional Acupuncture for the Left Hand once (1) a week for six (6) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterAcupuncture.

**Decision rationale:** The CA MTUS - Acupuncture and the ODG guidelines recommend that Acupuncture can be utilized for the treatment of musculoskeletal pain. The utilization of Acupuncture treatments can result in pain relief, reduction in medications utilization and functional restoration. The records show that the patient completed the maximum number of guidelines recommend PT and received a series of 8 acupuncture treatment without significant pain relief or functional restoration. The guidelines did not support additional Acupuncture treatments of without documentation of significant beneficial effects from previous treatments. The patient was approved for left middle finger release surgery because of failure of conservative treatments. The criteria for additional Acupuncture for the left hand once a week for 6 weeks was not met.