

Case Number:	CM15-0038129		
Date Assigned:	03/06/2015	Date of Injury:	07/28/2014
Decision Date:	04/10/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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: Arizona, 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:

The injured worker is a 52-year-old female, who sustained an industrial injury on 07/28/2014. She has reported that her work duties included repetitive tasks of packaging and un-packaging items causing a gradual onset of pain. Diagnoses include carpal tunnel syndrome involving median nerve entrapment at the wrists, tendinitis/bursitis of the hands and wrists, and sleep disorder. Treatment to date has included magnetic resonance imaging of the left wrist, magnetic resonance imaging of the right wrist, medication regimen, and work hardening therapy. In a progress note dated 02/02/2015 the treating provider reports complaints of constant, severe pain to the bilateral wrists and hands with associated symptoms of numbness and tingling with constant numbness to the left thumb and pain that radiates to the arm. The treating physician requested acupuncture visits to increase the injured worker's activities of daily living, decrease work restrictions, decrease use of medication, and increase in active range of motion. The treating physician requested a Functional Capacity Evaluation noting guidelines from Chronic Pain Medical Treatment Guidelines, but did not indicate the specific reason for this requested evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy (Electro Acupuncture, Manual Acupuncture, Myofascial Release, Electrical Stimulation, Infrared, Diathermy) 3 Times A Week for 2 Weeks for The Bilateral Wrist/Hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery .In this case, the physician provided acupuncture to reduce medications and improve function. The guidelines allow for up to 6 sessions before seeing benefit. The physician's request for 6 acupuncture sessions is appropriate and medically necessary.

Qualified Functional Capacity Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional capacity evaluation Page(s): 47.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a workers functional abilities that is not available through other means. It is recommended that wherever possible should reflect a workers capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case the claimant had undergone work hardening, therapy and due to pain a functional ability is difficult to obtain As a result and FCE is appropriate and medically necessary.