

Case Number:	CM15-0046632		
Date Assigned:	03/18/2015	Date of Injury:	01/07/2012
Decision Date:	05/08/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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: Chiropractor, Oriental 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 is a 53 year old female, who sustained an industrial injury on January 7, 2012. She reported pain in the cervical and lumbar spine, bilateral knee pain, depression, anxiety, irritability and incontinence. The injured worker was diagnosed as having cervical radiculopathy, sprain/strain and pain, cervicocranial pain, status post-surgery of the cervical spine, lumbar disc protrusion, musculoligamentous injury, myospasm and radiculopathy, right knee sprain/strain, rule out right knee meniscus tear, left knee internal derangement and sprain/strain, right ankle pain and sprain/strain, sleep disruption, anxiety, depression, irritability and nervousness. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, conservative therapies including aqua therapy, medications and work restrictions. Currently, the injured worker complains of pain in the cervical and lumbar spine, bilateral wrist pain, and radicular symptoms, bilateral knee pain, depression, anxiety, irritability and incontinence. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 17, 2015, revealed continued pain with associated symptoms. Medications were renewed and aqua therapy was continued. Acupuncture for multiple body parts and bilateral wrist braces were also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Per ACOEM MTUS guidelines page 265 When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending on activity. Per medical notes dated 01/16/15, patient complains of constant left wrist/hand pain. There is numbness and tingling in this region, she has weakness, pseudo locking, clicking and popping sensation. She complains of intermittent right hand/wrist pain. There is numbness and tingling, and weakness. She states the pain in this region is aggravated by heavy lifting. Provider requested bilateral wrist brace, which is medically necessary.

Acupuncture on the lumbar, bilateral knees, neck right ankle and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/wrist and forearm/ Acupuncture.

Decision rationale: Provider requested initial trial of acupuncture sessions, which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. The number of visits requested is unknown. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (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. ODG and ACOEM guidelines do not recommend acupuncture for wrist pain. Per guidelines and review of evidence, Acupuncture visits are not medically necessary.