

<b>Case Number:</b>	CM15-0053987		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/22/2015

### 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: Massachusetts

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 33 year old female, who sustained an industrial injury on June 25, 2012. The injured worker had reported a bilateral hand pain. The diagnoses have included wrist joint pain, hand joint pain and bilateral carpal tunnel syndrome. Treatment to date has included medications, H-wave unit, bilateral wrist injections, electrodiagnostic studies, physical therapy, acupuncture therapy and left hand carpal tunnel release surgery. Current documentation dated January 29, 2015 notes that the injured worker reported bilateral wrist and hand pain. The injured worker noted significant relief of her right wrist pain with two acupuncture sessions. The pain was one hundred percent relieved for one-two days. She also reported increased pain to the left hand with acupuncture sessions. Physical examination of the left wrist/hand revealed a grip of four/five and tenderness over the anterior aspect of the wrist into the forearm. The injured worker was noted to be wearing a left wrist brace. Examination of the right wrist/hand revealed tenderness, a diminished sensation in the right three fingers, a decreased hand grip and positive Tinel's and Phalen's tests. The injured worker was noted to be authorized for a right carpal tunnel release; however, she was waiting until the left hand was healed. The treating physician's plan of care included a request for acupuncture visits to the bilateral hands, new patient visit, transcutaneous electrical nerve stimulator, acupuncture with electrical stimulation, acupuncture by manual stimulation, acupuncture one or more needles, with electrical stimulation, medical nutrition therapy, infrared light therapy, myofascial release and manual therapy techniques.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, Bilateral Hands, 8 visits:** Upheld

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

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

**Decision rationale:** Acupuncture Medical Treatment Guidelines, p8. 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 is a functional recovery. Time to produce functional improvement is 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration 1 to 2 months. Acupuncture treatments may be extended a functional improvement is documented. According to the documents available for review, there is no documented objective functional improvement. Therefore, at this time the requirements for treatment have not been met, and the request is not medically necessary.

**99202 - New Patient Visit:** 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.

**Decision rationale:** The ACOEM Chapter 11 on Wrist and Hand indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the a New consultation. There are no specifics requested nor rationale explained to support this request. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**64550 TENS (transcutaneous eletical nerve stimulator), 8 sessions:** 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 TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**Decision rationale:** According to the MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the conditions described below: a homebased treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker

has none of the MTUS / recommended indications for the use of a TENS unit. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**97813 acupuncture with electrical stimulation, 8 sessions: Upheld**

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

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

**Decision rationale:** Acupuncture Medical Treatment Guidelines, p8. 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 is a functional recovery. Time to produce functional improvement is 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration 1 to 2 months. Acupuncture treatments may be extended a functional improvement is documented. According to the documents available for review, the IW previously underwent several sessions of acupuncture without documented functional improvement. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**97800 Acupuncture by manual stimulation, 8 sessions: Upheld**

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

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

**Decision rationale:** Acupuncture Medical Treatment Guidelines, p8. 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 is a functional recovery. Time to produce functional improvement is 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration 1 to 2 months. Acupuncture treatments may be extended a functional improvement is documented. According to the documents available for review, the IW previously underwent several sessions of acupuncture without documented functional improvement. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**97801 Acupuncture, one or more needles, with electrical stimulation, 8 sessions: Upheld**

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

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

**Decision rationale:** Acupuncture Medical Treatment Guidelines, p8. 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 is a functional recovery. Time to produce functional improvement is 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration 1 to 2 months. Acupuncture treatments may be extended a functional improvement is documented. According to the documents available for review, the IW previously underwent several sessions of acupuncture without documented functional improvement. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**97802 Medical nutrition therapy, 8 sessions: 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.

**Decision rationale:** The ACOEM Chapter 11 on Wrist and Hand indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for medical nutrition. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**97026 Infrared light therapy, 8 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM Chapter 11 on Wrist and Hand indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of infrared therapy. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**97250 Myofascial release, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 60.

**Decision rationale:** Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain.(Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with injured workers and be able to refer injured workers to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in injured workers who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) According to the documents available for review, the IW previously underwent several sessions of manual therapy without documented functional improvement. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**97140 Manual therapy techniques, 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 60.

**Decision rationale:** Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain.(Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with injured workers and be able to refer injured workers to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in injured workers who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of

Surgery. (Mitchinson, 2007) According to the documents available for review, the IW previously underwent several sessions of manual therapy without documented functional improvement. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.